Indian Country and Health Care Reform

Leo J. Nolan
Indian Health Service
University of North Dakota
Indian Health Research Conference

October 23, 2009

Relations with Indian Tribal Nations

- Recognition
  - Sovereignty, Treaty Making (800 treaties – 380 ratified), Containment, Disintegration/Annihilation

- Assimilation/Termination/Relocation

- Self-Determination

- Consultation
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

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.
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 *

<table>
<thead>
<tr>
<th><strong>DEPARTMENT OF HEALTH AND HUMAN SERVICES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food and Drug Administration</strong></td>
</tr>
<tr>
<td><strong>Health Resources and Services Administration</strong></td>
</tr>
<tr>
<td><strong>Indian Health Service</strong></td>
</tr>
<tr>
<td><strong>Centers for Disease Control and Prevention</strong></td>
</tr>
<tr>
<td><strong>National Institutes of Health</strong></td>
</tr>
<tr>
<td><strong>Substance Abuse and Mental Health Services</strong></td>
</tr>
<tr>
<td><strong>Agency for Healthcare Research and Quality</strong></td>
</tr>
<tr>
<td><strong>Centers for Medicare and Medicaid Services</strong></td>
</tr>
<tr>
<td><strong>Administration for Children and Families</strong></td>
</tr>
<tr>
<td><strong>Administration on Aging</strong></td>
</tr>
<tr>
<td><strong>Office of the Secretary – IGA, OCR, OIG, Assistant Secretaries</strong></td>
</tr>
</tbody>
</table>

$816 Billion
HHS TRIBAL CONSULTATION

- Apr 29, 1994 President Meets with Tribal Leaders (Executive Memorandum - May 1994)
- 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: 3.8 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.
INDIAN HEALTH SERVICE
USER POPULATION BY AREA

Portland
101,690

Billings
70,507

Aberdeen
120,639

Bemidji
101,022

Phoenix
156,803

California
77,532

Albuquerque
85,778

Oklahoma
316,940

Navajo
239,814

Bemidji
101,022

Alaska
136,065

Tucson
25,234

Nashville
51,399

IHS Headquarters
Rockville, MD

TOTAL IHS USER POPULATION
FOR FY 2008: 1,483,423

THE INDIAN POPULATION
WE SERVE

- Population growth rate of 1.6% per year
- 71% high school graduates (80% U.S.) & 12% college graduates (24% U.S.)
- 26% of AI/ANs fall below poverty standard
- Unemployment is 3.0 times the US rate

1,200,000
1,300,000
1,400,000
1,500,000
1,600,000
1,700,000
1,800,000
1,900,000

IHS Service Population Growth

1.4m AI/ANs Unserved

1.9 m AI/ANs Served

3.3m AI/ANs
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**

<table>
<thead>
<tr>
<th>IHS HOSPITAL</th>
<th>PRIVATE HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1°/2° CARE CLINIC</td>
<td>2°/3° Care</td>
</tr>
<tr>
<td>• Increased Revenue</td>
<td>• CHS $$</td>
</tr>
<tr>
<td>• Decreased CHS Expenditures</td>
<td>• Insurance Offsets</td>
</tr>
</tbody>
</table>

QUALITY ASSURANCE
STAFFING
PHARMACEUTICALS, ETC.
COMMUNITY HEALTH

ENVIRONMENTAL SURVEILLANCE
- Toxic Exposures
- Outbreak Assessment
- Vector Control

ENVIRONMENTAL PROTECTION
- Food Safety
- Solid Waste
- Water Safety
- Sewage

OUTREACH/PATIENT EDUCATION
- PHN
- CHR
- MSW
- Health Education
- Headstart
- School Health

PERCENT OF DECREASE IN MORTALITY RATES FOR INDIAN PEOPLE SINCE 1973

<table>
<thead>
<tr>
<th>Condition</th>
<th>CY 2002-2004</th>
<th>Percent Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Alcohol-related</td>
<td>44%</td>
<td>44%</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>49%</td>
<td>49%</td>
</tr>
<tr>
<td>Infant Deaths</td>
<td>54%</td>
<td>54%</td>
</tr>
<tr>
<td>Homicides</td>
<td>58%</td>
<td>58%</td>
</tr>
<tr>
<td>Accidental</td>
<td>68%</td>
<td>68%</td>
</tr>
<tr>
<td>Maternal Deaths</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COMMUNITY ORIENTED PRIMARY CARE HAS REDUCED AI/AN MORTALITY

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

- 1959 potable water in 20% of AI/AN Homes
- Currently 89% have potable water compared to 90% of the general US population
- Goal: 94% with potable water by 2010

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
- Goal: 94% with potable water by 2010

There is a total need of $2.4 Billion for Sanitation Facilities
Efficient health care delivery requires modern facilities. The average age of IHS Health Care Facilities is 33 years, with an average age of U.S. health care facilities being 9.6 years. A total need of $6.5 billion is estimated for new or replacement facilities. $1.8 billion is prioritized on the current funding plan. Inflation (3%) will increase this by $54 million this year. $37 million represents FY 2008 Federal funding for construction, and $50 million is the average Federal funding since 1995.

**FACTORS THAT AFFECT HEALTH STATUS**

- Health Care (10%)
- Genetic Predisposition (20%)
- Environment (20%)
- Behavior (50%)
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

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

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

*Infant deaths per 1,000 live births

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

- Medicare
- Medicaid
- Veterans Affairs
- Other Federal Medical Expenditure
- Indian Health Services Medical Expenditure

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

Informed, Informed, Activated, Activated

Productive, Productive

Prepared, Proactive

Health Team

Improved Outcomes

**Chronic Care Model**

Community
- Resources and Policies

Health System
- Health Care Organization
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

Self-Management Support

Informed, Activated Patient

Prepared, Proactive Health Team

Improved Outcomes
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

www.ihs.gov

Thomas Sweeney
Public Affairs
(301) 443-3593
Thomas.Sweeney@ihs.gov
http://info.ihs.gov/

Dr. Susan Karol
Chief Medical Officer
(301) 443-1083
Susan.Karol@ihs.gov

Leo J. Nolan
Senior Policy Analyst for External Affairs
(301) 443-7261