American Indian Public Health Disparities: Regional Differences in Health

February 21, 2013
### Featured Speakers

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  Director, MPH Program  
  North Dakota State University

### Disclosure Statements

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OBJECTIVES

- Describe American Indian (AI) Health Policy
- Identify AI Health Resource disparities
- Describe key health disparities and regional differences
- Discuss social determinants of health
- List policy and program strategies to reduce disparities

AMERICAN INDIAN HEALTH POLICY

Health Policy Defined:
- Do people have a legal right to healthcare in the US?
- Approximately $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
CMS Role in Indian Health Care

• Medicare and Medicaid third-party revenue are increasing portions of Indian health budgets
• Important to bill at service unit level
• CMS is key component of the trust responsibility

CMS Role in Indian Health Care

• AI/AN Medicare and Medicaid coverage impacts Contract Health Service (CHS) spending

• Any changes in CMS policies and programs can make a significant difference in Indian health budgets and programs
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)

Indian Health System 1955-1975
Nashville Area IHS

United South and Eastern Tribes
Nashville Area IHS Budget

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital &amp; Clinic</td>
<td>$57.4</td>
</tr>
<tr>
<td>Equipment</td>
<td>0.6</td>
</tr>
<tr>
<td>Maintenance &amp; Improvement (M&amp;I)</td>
<td>1.6</td>
</tr>
<tr>
<td>Facilities</td>
<td>0.8</td>
</tr>
<tr>
<td>Environmental Health Services (EHS)</td>
<td>3.2</td>
</tr>
<tr>
<td>Urban</td>
<td>0.9</td>
</tr>
<tr>
<td>Direct Contract Support Cost (DCSC)</td>
<td>4.3</td>
</tr>
<tr>
<td>Direct Operations</td>
<td>1.8</td>
</tr>
<tr>
<td>Capital Human Resources (CHR)</td>
<td>3.5</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>13.0</td>
</tr>
<tr>
<td>Contract Health Services (CHS)</td>
<td>30.2</td>
</tr>
<tr>
<td>Health Education</td>
<td>0.5</td>
</tr>
<tr>
<td>Public Health Nursing (PHN)</td>
<td>1.1</td>
</tr>
<tr>
<td>Alcohol &amp; Substance Abuse</td>
<td>9.1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1.8</td>
</tr>
<tr>
<td>Dental</td>
<td>2.9</td>
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<tr>
<td>Total</td>
<td>$132.7</td>
</tr>
</tbody>
</table>

Tribal Self-Determination

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Governance (Title V)</td>
<td>$67.7</td>
</tr>
<tr>
<td>Maintenance, Improvement &amp; Equipment (M&amp;E)</td>
<td>2.3</td>
</tr>
<tr>
<td>Area Office</td>
<td>13.3</td>
</tr>
<tr>
<td>Urban Programs</td>
<td>1.3</td>
</tr>
<tr>
<td>Service Units (Clinics/Regional Youth Treatment Centers)</td>
<td>11.7</td>
</tr>
<tr>
<td>638 Title I</td>
<td>36.4</td>
</tr>
<tr>
<td>Total</td>
<td>$132.7</td>
</tr>
</tbody>
</table>
### Nashville Area Third Party Collections

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Private Insurance &amp; Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2010</td>
<td>$436,983</td>
<td>$89,284</td>
<td>$123,467</td>
</tr>
<tr>
<td>FY 2011</td>
<td>$511,682</td>
<td>$88,106</td>
<td>$99,732</td>
</tr>
</tbody>
</table>

The chart above shows an overall increase in Third Party Collections (such as from Medicaid, Medicare and private insurance) for the Nashville Area from FY 2010 to FY 2011.

### Nashville Area Contract Health Service Cases

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>597</td>
</tr>
<tr>
<td>2008</td>
<td>874</td>
</tr>
<tr>
<td>2009</td>
<td>1185</td>
</tr>
<tr>
<td>2010</td>
<td>1730</td>
</tr>
<tr>
<td>2011</td>
<td>2520</td>
</tr>
</tbody>
</table>
The NYS Department of Health (DOH) is required by Public Health Law § 201(1)(s) to "administer to the medical and health needs of the ambulant sick and needy Indians on reservations."

State funded clinics on Indian reservations have been in existence for more than three decades.
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

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**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>73.2</td>
<td>79.6</td>
<td>76.5</td>
</tr>
<tr>
<td>AI/AN</td>
<td>66.1</td>
<td>74.4</td>
<td>70.6</td>
</tr>
<tr>
<td><strong>Disparity:</strong></td>
<td><strong>7.1</strong></td>
<td><strong>5.2</strong></td>
<td><strong>5.9</strong></td>
</tr>
</tbody>
</table>

*Median age at death in SD (2009):*

- 81 General Population
- 58 AI Population
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*

Diabetes Death Rates

(Rate/Per 100,000 Population)
Figure 43. Diabetes Prevalence by Race
North Dakota Adults 2005-2008

Source: Behavioral Risk Factor Surveillance System

Figure 44. Diabetes Mortality Rate by Race
North Dakota 2000-2007

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

Diabetes-Depression-Alcoholism Triad
Diabetes-Depression-Alcoholism Triad

Leading Causes of Death Ages 1-4

<table>
<thead>
<tr>
<th>Cause</th>
<th>US All</th>
<th>AIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneu/Infl</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Heart</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Homicide</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Anomaly</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Injuries</td>
<td>16</td>
<td>20</td>
</tr>
</tbody>
</table>
Leading Causes of Death Ages 5-14

<table>
<thead>
<tr>
<th>Cause</th>
<th>Death Rates Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anomaly</td>
<td>US All: 2</td>
</tr>
<tr>
<td>Suicide</td>
<td>US All: 5</td>
</tr>
<tr>
<td>Homicide</td>
<td>US All: 7</td>
</tr>
<tr>
<td>Cancer</td>
<td>US All: 9</td>
</tr>
<tr>
<td>Injuries</td>
<td>US All: 15</td>
</tr>
</tbody>
</table>

AI/AN Cancer Disparities

- Billings
- Bemidji
- Aberdeen
- Alaska
- Oklahoma
- Portland
- Nashville
- California
- Phoenix
- Navajo
- Albuquerque
- Tucson

Cancer Death Rates

IHS total: 184.1
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
• Nine AI Tribes in SD, Eleven in NY
• Significant poverty & Social Determinants of Health

American Indian Population

![Population Chart](chart.png)
1492
America Discovered

1790
Indians Forced Inland
1890
The Vanquished Indian

American Indian, Eskimo, and Aleut Persons
Percent At or Below FPL

2000 Census

2009 IHS and Other Federal Health Care Expenditures Per Capita

Per Capita spending in the year for which data are published most recently – see base of each bar.
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?

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?
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

Policy Coordination Strategies

Health Policy  Education Policy

Social Policy

Community Health Promotion

Economic Development
Evaluations

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