Featured Speakers

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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

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INDIAN HEALTH SERVICE

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IHS Areas

10 CMS Regional Offices

IHS Areas

10 CMS Regional Offices
**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**

[Diagram of IHS Federal]

**Indian Health System 1975-1985**

[Diagram with IHS Federal, PL 93-638 Tribal]

**Indian Health System**

[Diagram with interconnected circles: IHS Federal, PL 93-638 Tribal, Medicaid State, AI Healthcare Consumer]

*Health Sector*
**New York Tribes**

- 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.

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**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>Disparity:</td>
<td>7.1</td>
<td>5.2</td>
<td>5.9</td>
</tr>
</tbody>
</table>

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

- 81 General Population
- 58 AI Population

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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

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**Diabetes Death Rates**

<table>
<thead>
<tr>
<th></th>
<th>Rate/Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN All Races</td>
<td>25.2</td>
</tr>
<tr>
<td>IHS Total</td>
<td>77.7</td>
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<tr>
<td>Aberdeen Area</td>
<td>115.9</td>
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</tbody>
</table>
Alcohol Related Death Rates

Diabetes-Depression-Alcoholism Triad

Leading Causes of Death Ages 1-4
Leading Causes of Death Ages 5-14

<table>
<thead>
<tr>
<th>Cause</th>
<th>US All</th>
<th>AI/AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injuries</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Cancer</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Suicide</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Homicide</td>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>

Death Rates Per 100,000 Population

AI/AN Cancer Disparities

American Indian Population

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

1492 America Discovered

1790 Indians Forced Inland
**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
- “Obama care”
- 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
- Economic Development

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