



American Indian Public Health Disparities: Regional Differences in Health

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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

Legal Basis for Federal Services to American Indians and Alaska Natives

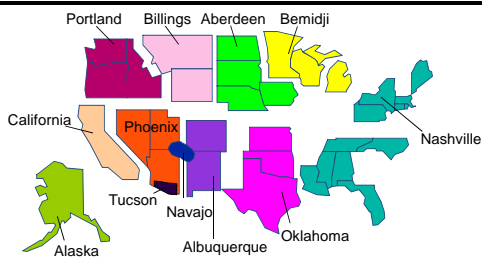
- ✓ United States Constitution
 - ✓ The Snyder Act of 1921
 - ✓ The Transfer Act of 1954
 - ✓ Indian Sanitation Facilities and Services Act of 1959
 - ✓ The Indian Self-Determination and Education Assistance Act (enacted 1975)
 - ✓ Indian Health Care Improvement Act of 1976
 - ✓ The Indian Alcohol and Substance Abuse prevention and Treatment Act of 1986
 - ✓ The Indian Child Protection and Family Violence Prevention Act of 1990
- This is not an all-inclusive list.*



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



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

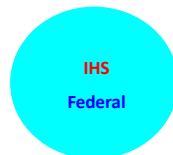
CMS Role in Indian Health Care

- 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

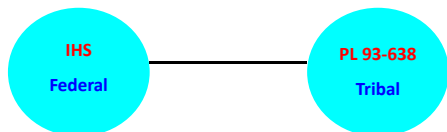
AI HEALTH POLICY ISSUES

- 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)

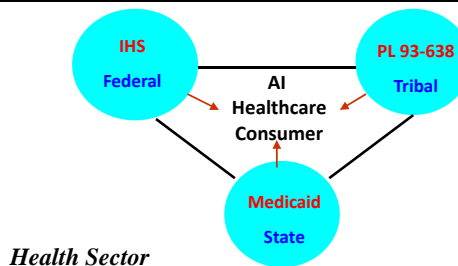
Indian Health System 1955-1975



Indian Health System 1975-1985



Indian Health System



Nashville Area IHS



United South and Eastern Tribes



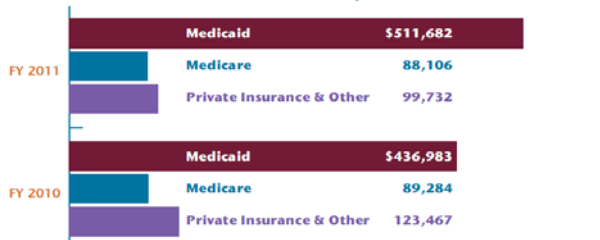
Nashville Area IHS Budget

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

Tribal Self-Determination

Activity	Amount (in millions)
Self Governance (Title V)	\$67.7
Maintenance, Improvement & Equipment (MI&E)	2.3
Area Office	13.3
Urban Programs	1.3
Service Units (Clinics/Regional Youth Treatment Centers)	11.7
638 Title I	36.4
Total	\$132.7

Nashville Area Third Party Collections



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



New York Tribes



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

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 Health Disparities

Life Expectancy in Years:

	Men	Women	Total
U.S.	73.2	79.6	76.5
AI/AN	66.1	74.4	70.6
Disparity:	7.1	5.2	5.9

Median age at death in SD (2009):

81 General Population
58 AI Population

AI Health Disparities

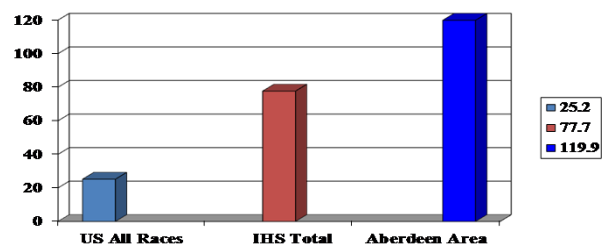
Death rates from preventable diseases among AIs are significantly higher than among non-Indians:

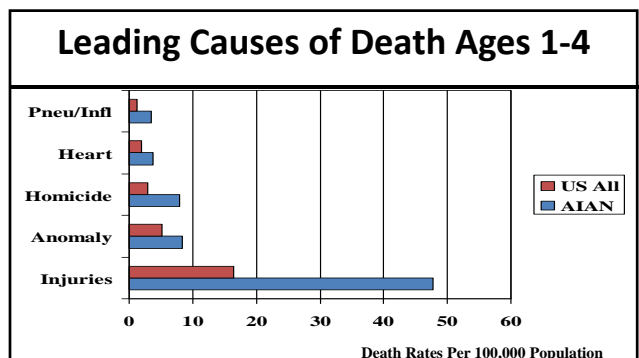
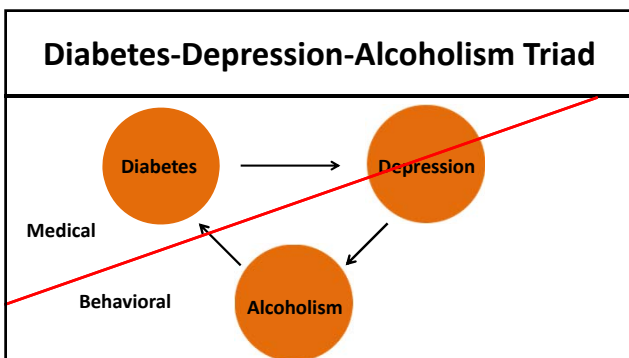
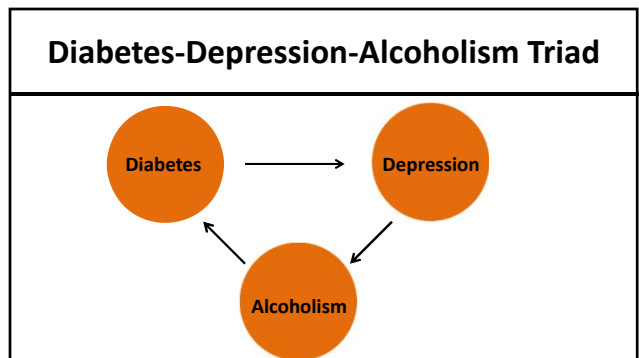
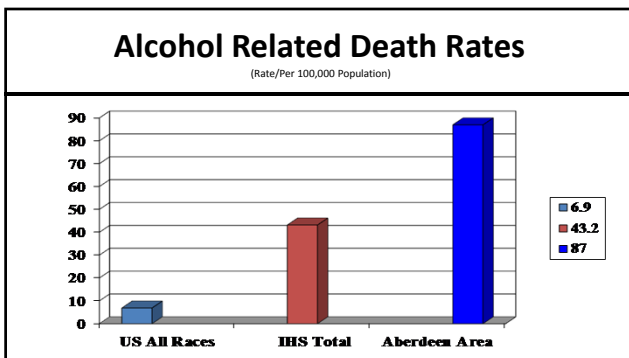
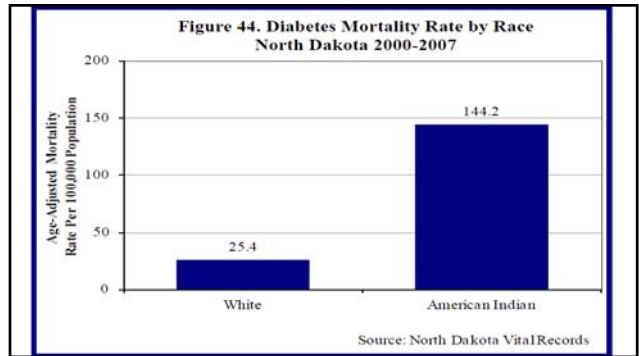
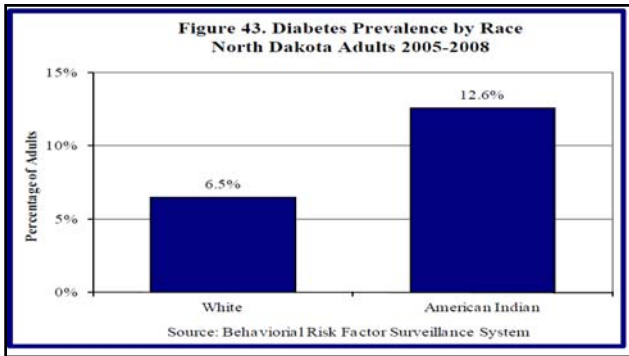
- Diabetes 208% greater
- Alcoholism 526% greater
- Accidents 150% greater
- Suicide 60% greater

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

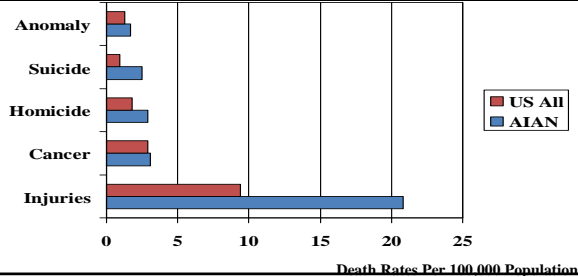
Diabetes Death Rates

(Rate/Per 100,000 Population)

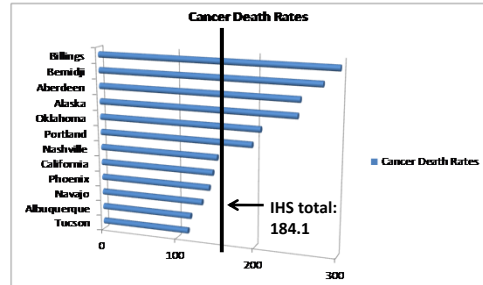




Leading Causes of Death Ages 5-14



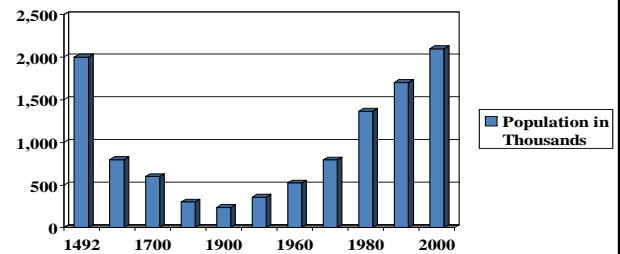
AI/AN Cancer Disparities



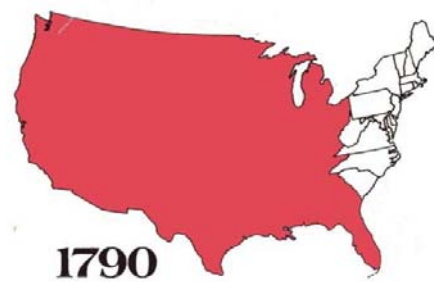
AI Demographics

- 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

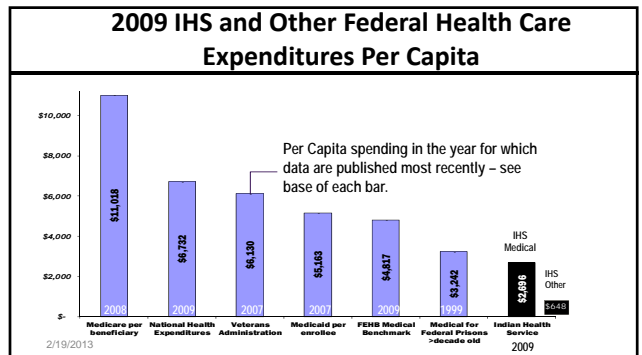
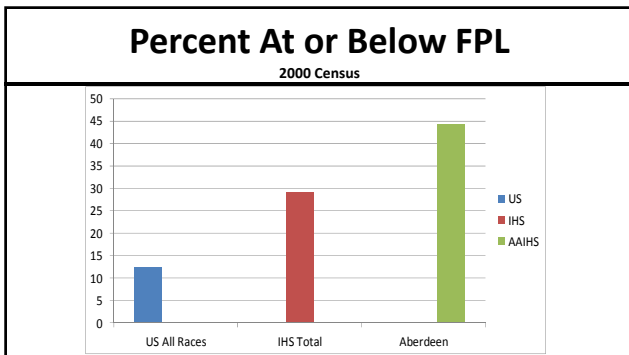
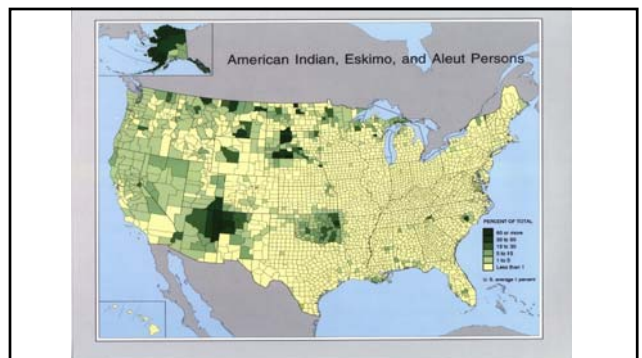
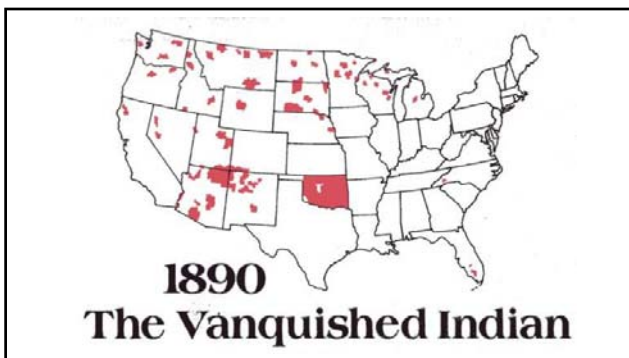
American Indian Population



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
- “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

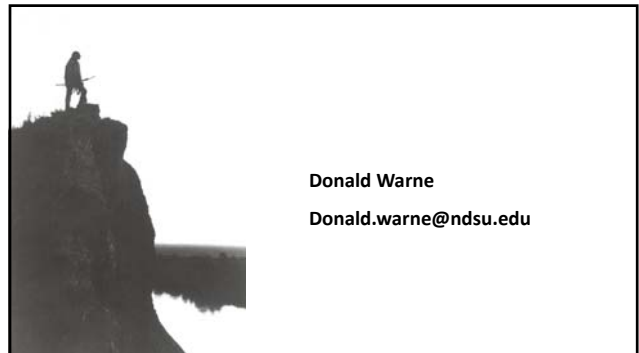
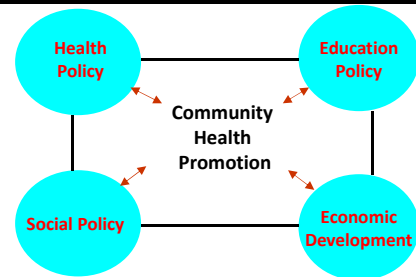
I/T/U Delivery System

- IHS only
- Tribal 638 services
- Urban Indian Health Centers

Payer Source

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

Policy Coordination Strategies



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