Creating Connections:
Building Partnerships between Indian Health Service and National Institutes of Health

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November 8, 2010 (historical)
RELATIONS WITH INDIAN TRIBAL NATIONS

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

- **Assimilation/Termination/Relocation**

- **Self-Determination**

- **Consultation**
BASIS FOR FEDERAL HEALTH BENEFITS TO INDIANS

- Treaties exchanged aboriginal lands for federal trust responsibilities and benefits, U.S. Constitution, court decisions

- 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) (1976/2010)

- Political relationship...domestic sovereign...not race based
The Mission of the IHS, 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.
565 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 2010 appropriation is $4.05 billion. Inpatient: 54,000; Outpatient: 10.7 million; Dental: 3.3 million

Federal system – 31 hospitals, 61 health centers, 30 health stations, 34 urban Indian health projects serving 600,000 American Indians (direct, CHS)

Tribal system – 14 hospitals, 227 health centers, 102 health stations, 166 Alaska village clinics (contract, compact $1.5 billion).

IHS staffing - total 15,676 employees, 2,356 nurses, 836 physicians, 429 engineers, 533 pharmacists, 302 dentists, 299 sanitarians, and physician assistants, allied health professionals - nutritionists, health administrators, and medical records administrators.
Indian Health Service
User Population by Area

- Portland: 104,097
- Billings: 70,863
- Aberdeen: 121,903
- Phoenix: 159,166
- California: 78,682
- Albuquerque: 85,946
- Oklahoma: 318,923
- Navajo: 242,331
- Bemidji: 102,782
- Tucson: 25,562
- Nashville: 51,491
- Alaska: 138,298

Total IHS User Population for FY 2009: 1,500,044
THE INDIAN POPULATION
WE SERVE

IHS Service Population Growth

- 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
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

IHS HOSPITAL

1°/2° CARE CLINIC

• Increased Revenue

• Decreased CHS Expenditures

PRIVATE HOSPITAL

2°/3° Care

• CHS $$

• Insurance Offsets

QUALITY ASSURANCE
STAFFING
PHARMACEUTICALS, ETC.
COMMUNITY HEALTH

ENVIRONMENTAL SURVEILLANCE
- Toxic Exposures
- Outbreak Assessment
- Vector Control

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

ENVIRONMENTAL PROTECTION
- Food Safety
- Solid Waste
- Water Safety
- Sewage
PERCENT OF DECREASE IN MORTALITY RATES FOR INDIAN PEOPLE SINCE 1973

- Tuberculosis: 84%
- Cervical Cancer: 75%
- Maternal Deaths: 68%
- Accidental: 58%
- Infant Deaths: 53%
- Homicides: 54%
- Alcohol-related: 49%
- Cerebrovascular: 44%
- Pneumonia/Influenza: 36%
- Suicide: 14%
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 99% of the general US population
- 36,575 Indian homes without potable water

Goal: 94% with potable water by 2010
- OEHE part of IHS Strategic Plan to achieve parity in access
- An OMB marginal cost analysis recommended additional project and Program (staff) funding to meet this goal

There is a total need of $2.4 Billion for Sanitation Facilities

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.
IHS Priorities

- Renew/Strengthen partnership with Tribes
- Reform of IHS system in context of national health reform
- Improve quality and access to care (IPC)
- Ensure our work is transparent, accountable, fair and inclusive
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)*

- 1999-2010: HHS Tribal Budget Sessions

- FY 2006: $394 m. increase

- FY 2007

- Barriers Study ASPE

- HHS 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
- SAMHSA Tribal Technical Advisory Committee
- Secretary’s Tribal Advisory Committee
- HHS American Indian/Alaska Native Health Research Advisory Council
RESEARCH RELATED ACTIVITIES

- Native Research Network
- Native Health Database
- Indigenous Summer Research Institute
- HRAC
- NARCH
- Roundtable 1999
- NIH funding $63.5m since 2001
- CSR Review IHS awards
- Tribal nations/organizations grantee

Purpose
- Cadre of AI/AN Researchers
- Reduce distrust
- Encourage competitive research linked to AI/AN priorities
- Build research infrastructure (RO1)
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>AI/AN Rate 2002-2004</th>
<th>U.S. All Races Rate 2003</th>
<th>Ratio: AI/AN to U.S. All Races</th>
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<tr>
<td>ALL CAUSES</td>
<td>1027.2</td>
<td>832.7</td>
<td>1.2</td>
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<tr>
<td>CVD</td>
<td>231.1</td>
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<td>Malignant Neoplasm</td>
<td>180.7</td>
<td>190.1</td>
<td>1.0</td>
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<td>Unintentional Injuries</td>
<td>94.8</td>
<td>37.3</td>
<td>2.5</td>
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<tr>
<td>Diabetes</td>
<td>74.2</td>
<td>25.3</td>
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<tr>
<td>Motor vehicle crashes</td>
<td>51.2</td>
<td>15.3</td>
<td>3.3</td>
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<tr>
<td>Alcoholism</td>
<td>43.6</td>
<td>6.7</td>
<td>6.5</td>
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<tr>
<td>Pneumonia/Influenza</td>
<td>32.3</td>
<td>22.0</td>
<td>1.5</td>
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<tr>
<td>Suicide</td>
<td>17.9</td>
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<td>1.7</td>
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<tr>
<td>Homicide</td>
<td>12.2</td>
<td>6.0</td>
<td>2.0</td>
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<tr>
<td>Infant deaths*</td>
<td>11.7</td>
<td>6.9</td>
<td>1.7</td>
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<tr>
<td>Cervical cancer</td>
<td>4.7</td>
<td>2.5</td>
<td>1.9</td>
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<tr>
<td>Tuberculosis</td>
<td>1.7</td>
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<td>8.5</td>
</tr>
</tbody>
</table>

*Infant deaths per 1,000 live births
2009 IHS Expenditures Per Capita 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.

- Medicare per beneficiary
- National Health Expenditures
- Veterans Administration
- Medicaid per enrollee
- FEHB Medical Benchmark
- Medical for Federal Prisons >decade old
- Indian Health Service 2009

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

11/5/2010
Challenges

- Population growth
- Rising costs/medical inflation/resources
- Increased rates of chronic diseases
- Recruitment and retention
- Rural healthcare
- Old facilities, equipment
- Behavioral health
- Social determinants
- Health literacy
- Life expectancy (AI/AN 72.3; US 76.9)