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POLICY BRIEF

North Dakota State and Tribal Health Policy Forums

The Indian Health Care Improvement Act: Implications for North Dakota Tribes

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North Dakota State and Tribal Health Policy Forums

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The Indian Health Care Improvement Act: Implications for North Dakota Tribes

American Indian and Alaska Native (AI/AN) people have long experienced lower health status when compared with the U.S. general population. Nationally, average life expectancy for AI/AN people is 71.1 years of age compared to 76.8 years of age for the U.S. general population. The life expectancy for the Indian Health Service (IHS) Aberdeen Area, which includes the states of North Dakota, South Dakota, Nebraska, and Iowa, is the lowest in the nation at 64.3, a difference of 12.5 years when compared with the U.S. general population.

Table 1. Life Expectancy at Birth by IHS Area

IHS Area	At Birth
Aberdeen	*64.3*
Bemidji	65.7
Billings	67.0
Alaska	68.0
Tucson	68.4
Phoenix	69.8
Portland	71.7
Navajo	71.9
Nashville	72.2
Albuquerque	72.7
Oklahoma	74.2
California	76.3
All Indians	**71.1**
U.S. Populations	**76.8**

Source: IHS Office of Program Statistics, 2000.

In addition to significant differences in life expectancy, the Northern Plains Indians, which include North Dakota Indians and encompasses the Aberdeen Area Indian Health Service Area, have other major health disparities. A few examples illustrate the degree of health care challenges. Northern Plains Indians are more likely to have cancer related deaths when compared with the rest of Indian Country and with the non-Native population.

Table 2. Mortality Rates* for All Types of Cancer Combined by Region for American Indians/Alaska Natives (AI/ANs) and Members of Other Racial/Ethnic Groups (non-AI/ANs) Living in Counties Served by IHS, 1994-1998

Region	AI/ANs	Non-AI/ANs
Alaska	248.9	192.8
East	139.7	205.6
Northern Plains	*291.7*	*194.6*
Pacific Coast	134.4	211.6
Southwest	127.5	186.1
Total	**161.4**	**202.9**

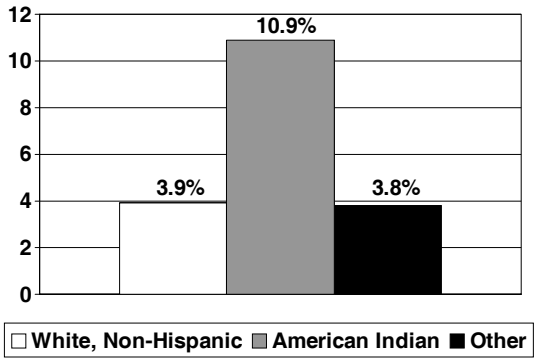
* Per 100,000 population, age-adjusted to U.S. 2000 standard population.

† *Northern Plains*-Indiana, Iowa, Michigan, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wisconsin, and Wyoming.[1]

Source: Morbidity and Mortality Weekly Report, Vol. 52, No. 30, August 1, 2003.

Another serious health problem, diabetes, disproportionately affects AI/ANs when compared with other racial/ethnic populations and has been increasing in prevalence in the AI/AN populations during the past 16 years.[2] In North Dakota, 10.9 percent of American Indian adults have diabetes, compared to 3.9 percent of white non-Hispanics and 3.8 percent of people of other races.[3]

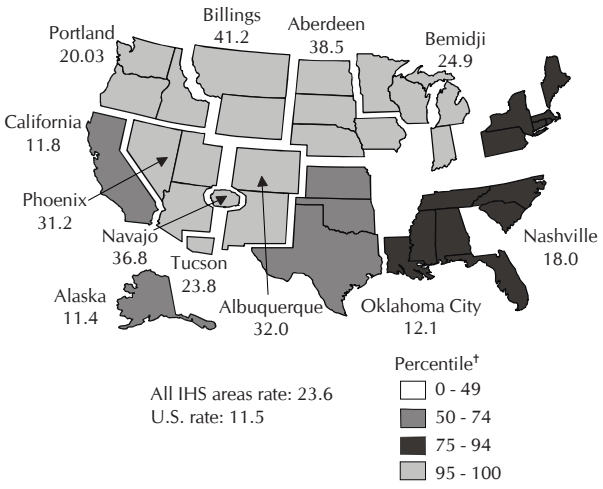
Figure 1. Prevalence of Diagnosed Diabetes by Race



Source: North Dakota Diabetes Control Program, 2002.

Health status is not only related to physical health, but also to our environment and to the mental well being of individuals. One example of a key environmental concern for AI/ANs is motor vehicle accidents. According to the Centers for Disease Control and Prevention, motor vehicle related deaths accounted for 75 percent of all deaths among AI/AN children and youth.

Figure 2. Motor-Vehicle-Related Deaths* Among American Indians/Alaska Natives Ages Younger than 19 Years, by IHS Administrative Area, 1989-1998



* Per 100,000 population.

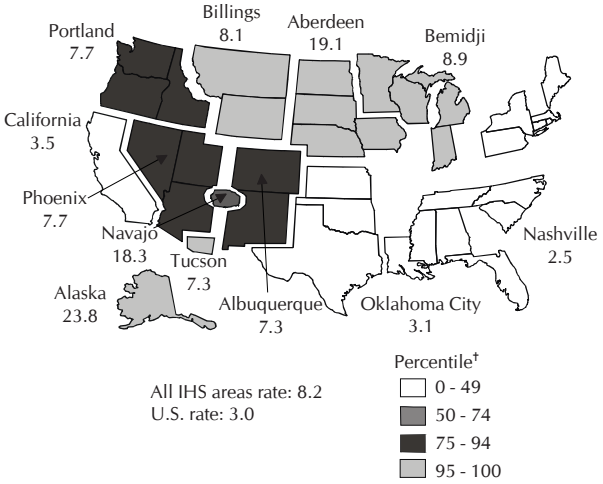
† Shading of IHS regions corresponds to the national ranking of state rates in percentile for all U.S. populations combined for 1989-1998.

Source: Morbidity and Mortality Weekly Report, Vol. 52, No. 30, August 1, 2003.

The Aberdeen Area has the second highest rate of motor vehicle accidents for AI/ANs aged 19 years or younger among all IHS areas.

A key example of mental health concerns for AI/ANs is suicide. Suicide rates among AI/AN aged 19 years or younger are almost three times higher than the U.S. rate.

Figure 3. Suicides* Among American Indians/Alaska Natives Ages Younger than 19 Years, by IHS Administrative Area, 1989-1998



* Per 100,000 population.

† Shading of IHS regions corresponds to the national ranking of state rates in percentile for all U.S. populations combined for 1989-1998.

Source: Morbidity and Mortality Weekly Report, Vol. 52, No. 30, August 1, 2003.

The Aberdeen Area has the second highest suicide rates for AI/ANs aged 19 years and younger across all IHS regions.

Health issues for AI/ANs are serious and widespread and North Dakota tribes have some of the worse health statistics. The Indian Health Service, an agency within the U.S. Department of Health and Human Services, is responsible for providing health services to federally recognized AI/AN tribal governments including those located within North Dakota. The Indian Health Care Improvement Act (IHCIA) is the key Federal law that authorizes appropriations for IHS programs and projects. IHCIA and its implications for North Dakota tribes was the topic for the first tribal health policy forum held in September 2004 as part of the North Dakota State and Tribal Health Policy Forum program.

IHCIA AND NORTH DAKOTA TRIBES

IHCIA was enacted in 1976 to address findings that the health status of AI/ANs ranked far below that of the general population. There are eight subject-oriented titles within IHCIA. Although each title in its own right affects the North Dakota tribes in some way, for the purposes of this brief we focus only on four of the eight titles.

Title I: Indian Health, Human Resources and Development[4]

The programs in this title are intended to increase the number of American Indians and Alaska Natives entering the health professions and to assure an adequate supply of health professionals to the Indian Health Service, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of health care to American Indian and Alaska Native people. Title I includes programs operating in North Dakota that are important to meeting the workforce needs of tribal communities. These programs include Indians into Medicine (INMED), Recruitment and Retention of American Indian Nurses (RAIN), IHS scholarship and loan repayment, and Community Health Representatives (CHR).

INMED is a comprehensive education program assisting Indian students who are preparing for health careers. Located at the University of North Dakota School of Medicine and Health Sciences, INMED support services include academic and personal support for college and professional students, assistance with financial aid application, and summer enrichment sessions at the junior high through professional school levels. The program has graduated 112 medical doctors, or approximately 20 percent of the country's Indian physicians. The program also enrolls students in nursing, clinical psychology and various other health specialties. A total of 187 Indian health professionals have graduated through the program, and many additional Indian students have received advisement or referral from INMED staff.[5]

A RAIN program is located at the University of North Dakota's College of Nursing. RAIN's objective is to increase the number of nurses, nurse midwives, and nurse practitioners prepared to provide health care to Indian people. Prior to RAIN, the University of North Dakota had 42 American Indians admitted into the Bachelor of Science in Nursing (BSN) program, 18 graduates with BSN degrees, and a 68 percent retention rate. Since the inception of RAIN, 73 American Indians have been admitted to the BSN program, with 46 graduates, and a 93 percent retention rate. Eighty eight percent of the graduates are working in the Aberdeen, Bemidji, and Billings Indian Health Service Areas.[6]

Under the IHS scholarship and loan repayment program, Indian students can apply for and receive scholarships to obtain degrees in various health professions. Upon receiving an IHS scholarship a student agrees to work in Indian Country in a health field for a pre-determined number of years.

CHR's are local community members hired to provide transportation for tribal members to and from doctor visits, deliver medications, and provide outreach in the form of home visits. Many CHR's do not have a medical background and require training to fulfill their responsibilities. All four of the tribal reservations and the Trenton Indian Health Service Area in North Dakota have a CHR program. For fiscal year 2004, a total of $1,603,791 went to North Dakota locations from Indian Health Service appropriated funds for the operation of CHR programs.[7]

Title II: Health Services

This title includes provisions to address the delivery of health care services – such as diabetes programs and epidemiology centers – and the distribution of funds to IHS and tribal programs through the Indian Health Care Improvement Fund and the Catastrophic Health Emergency Fund. The health care services provisions are directly relevant to health care for North Dakota tribes.

The continued surveillance of diabetes and related complications is an important tool for monitoring the effectiveness of ongoing and future prevention strategies. In fiscal year 2004, North Dakota tribal special diabetes programs received $1,100,786 from IHS.[8]

IHS epidemiology programs are used to describe causes of morbidity and mortality, identify risk factors for disease, and prevent and control disease. In 2003, the Aberdeen Area Tribal Chairmen's Health Board received federal funding to establish a tribal epidemiology program for the Northern Plains area. The Northern Plains Tribal Epidemiology Center will provide leadership, technical assistance, support, and advocacy to Northern Plains tribal nations and communities in order to eliminate the disparities in health that currently exist for tribal people of the area.

The Indian Health Care Improvement Fund directs resources toward eliminating deficiencies in health status and resources of all Indian tribes and to meet the health needs of Indians in an efficient and equitable manner. The funds can be used, either through direct or contract care, for such areas as clinical care, preventive health, dental care, mental health, emergency medical services, accident prevention programs, home health care, and maintenance and repair. The funds are allocated on a service unit basis. In fiscal year 2004, North Dakota tribes received $2,503,300 in dental program funds, $1,523,481 in mental health program funds, $1,374,187 for public health nursing, and $334,321 for health education from the IHS appropriated funds. In addition, the hospitals and clinics received $21,944,996 and the tribal contractors received $27,139,137.[9]

The Catastrophic Health Emergency Fund is solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the service area. These funds are not allocated on a service unit basis, but rather are used as reimbursement funds to Tribes after they reach a certain threshold cost for treating any victim of catastrophic illness or disaster.

Title III: Health Facilities

This title contains guidelines for consultation on the planning, design, construction, or renovation of facilities. The title also addresses guidelines for closure of IHS hospitals or outpatient health care facilities.

In North Dakota there are two IHS hospitals and five outpatient/ambulatory care clinics.

The Fort Berthold Reservation, home to the Mandan, Hidasta, and Arikara nations (also known as the Three Affiliated Tribes), lies in the west central part of North Dakota. The Minne-Tohe Health Center serves the members of the Three Affiliated Tribes. The two-physician center is an outpatient facility with specialty and dental clinics. Inpatient care is provided by contract through local hospitals located off the reservation. The tribe also operates two health stations and a Health Care Satellite Clinic staffed by a nurse practitioner.

Spirit Lake Dakota Reservation is located in east central North Dakota. Spirit Lake is served by a three-physician ambulatory care facility, which was recently moved to a newly built health center. Complex outpatient services or inpatient care are referred to a contract facility located off the reservation. Spirit Lake also operates a dental clinic and a diabetes program.

Standing Rock Sioux Reservation is located in south central North Dakota and north central South Dakota. A 16-bed hospital is located at Fort Yates, ND. Dental care is provided in the main clinic at the hospital. Standing Rock also has an outpatient health center at McLaughlin, SD and health stations at Cannonball, Bullhead and Wakpala which provide minimal outpatient care.

The Turtle Mountain Band of Chippewa reservation is located in north central North Dakota near the Canadian border. Turtle Mountain is served by the Quentin N. Burdick Memorial Health Care facility which has 29 inpatient beds. The facility also houses an outpatient department, specialty clinics, dental program, and a mental health department. The hospital is a recently remodeled facility.

Trenton is an Indian community in the northwest corner of the state with descendants of the Turtle Mountain Band of Chippewa. Trenton has been designated as an Indian Health Service area and operates a clinic within their tribal building.

In fiscal year 2004, North Dakota received a total of $2,031,695 in facilities support from IHS.[10]

Title IV – Access (to third party revenues)

This title addresses Indian health programs' access to Medicare, Medicaid, and the Children's Health Insurance Program, as well as other third party collections (e.g., private insurance coverage). The title states that any payments received by a hospital or skilled nursing facility of the IHS for services provided to Indians eligible for third party benefits shall not be considered in determining appropriations through IHCIA for health care and services to American Indians and Alaska Natives.

While IHS is the hub of the AI/AN health system, AI/AN people also may qualify for private and other public sources of health financing or services such as Medicaid or Medicare. Nationally, about 49 percent of all AI/AN people have job-based or other private coverage, compared to 83 percent of whites. Nearly 17 percent of all AI/ANs, compared to five percent of whites, report coverage through Medicaid and other public programs. Although Medicaid is playing an increased role in providing insurance to AI/AN people, more than 35 percent of all AI/ANs are uninsured.[11]

SPEAKER HIGHLIGHTS

The North Dakota State and Tribal Health Policy Forum invited three speakers to present at a forum held in conjunction with the United Tribes of North Dakota Intertribal Council Summit VIII, September 8, 2004.

Rachel Joseph, chair of the National Steering Committee and chair of the Lone Pine Shoshone Piaute Tribe presented an overview of the Indian Health Care Improvement Act and provisions in the reauthorization bill. Joseph identified specific language in the reauthorization bill important to North Dakota tribes, including:

- Support for programs such as the Quentin Burdick Interdisciplinary Program, INMED, and RAIN.
- Designating the entire state of North Dakota as a Contract Health Services Area, allowing IHS Contract Health to refer those in need to specialists.

Joseph also identified the need for consistent and reliable data for AI/AN health issues to substantiate requests for funding in the future.

Senator Bryon Dorgan (D-ND), a member of both the Senate Committee on Appropriations and the Senate Committee on Indian Affairs, provided a legislative perspective for IHCIA. Dorgan stated his observations as to why IHCIA is important to North Dakota tribes:

- Funding health care provider training through programs such as INMED, Indians Into Psychology, and RAIN. A vast majority of those trained return to the reservations to work.
- Federal government is responsible for health for federal prisoners and Native Americans, yet twice as much is spent on health care for prisoners.
- Life expectancy of Native Americans is lower due to alcoholism, tuberculosis, diabetes, and suicide.

Dorgan gave the example of the suicide of a seventh grade girl on one of the North Dakota reservations as an illustration of the need for mental health workers in tribal communities.

Cynthia LaCounte, chair, Trenton Indian Health Service Area, presented her perspective on key features of current inadequacies in health care resources and how IHCIA affects North Dakota tribes.

- Trenton Indian Health Service runs out of Contract Health money in May or June, or about that same time every year. Left only with funds to operate direct care, health care is provided at the center but clinicians can not refer clients out leading to deferment of surgeries due to lack of funds.
- Lack of funds for prenatal care is a concern. When funds are depleted there are serious challenges in funding the care of pregnant women.
- There is a lack of mental health resources, particularly access to trained personnel.

CONCLUSION

The Indian Health Care Improvement Act was intended to elevate the health status of American Indians and Alaska Natives to a level equal to that of the general population. Since 1976, IHCIA has been periodically reauthorized and amended until 2000 when it expired. A bill was passed in 2000 to extend IHCIA for one year to allow Congress time to consider reauthorization legislation. In 2004 the 108th Congress has yet to reauthorize IHCIA. Without reauthorization, the three forum presenters indicated that Indian Health Service will continue to operate under an outdated strategy for providing health care funds and services to American Indian and Alaskan Native people.

Notes

1 *Alaska*; *East*-Alabama, Connecticut, Florida, Kansas, Louisiana, Massachusetts, Maine, Mississippi, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, and Texas; *Southwest*-Arizona, Colorado, Nevada, New Mexico, and Utah; and *Pacific Coast*-California, Idaho, Oregon, and Washington.

2 MMWR, August 1, 2004.

3 Moum, Kathleen, Sherri L. Parson, and Sandra D. Adams. 2002. Diabetes and Related Health Factors in North Dakota Adults. The North Dakota Diabetes Control Program, ND Department of Health, Bismarck, ND.

4 Adapted synopsis of each title was taken from http://assembler.law.cornell.edu/uscode/ on October 14, 2004.

5 See http://www.med.und.nodak.edu/depts/inmed/home.htm.

6 See http://www.und.nodak.edu/dept/nursing/rain2.html#Strategies.

7 Aberdeen Area Indian Health Service Office, obtained October 15, 2004.

8 Aberdeen Area Indian Health Service Office, October 15, 2004.

9 Aberdeen Area Indian Health Service Office, October 15, 2004.

10 Aberdeen Area Indian Health Service Office, October 15, 2004.

11 *American Indians and Alaska Natives: Health Coverage and Access to Care*. The Henry J. Kaiser Family Foundation, February 2004.