



Health Disparities and Indian Health: Will the New Health Reform Bill Make a Difference

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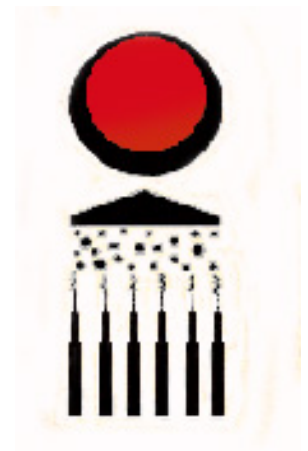
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Seattle Indian Health Board

- Seattle Indian Health Board, 1970

- *The mission of SIHB is to assist American Indians and Alaska Natives in achieving the highest possible physical, mental, emotional, social and spiritual well-being through the provision of culturally appropriate services, and to advocate for the needs of all Indian people, especially the most vulnerable members of our community.*



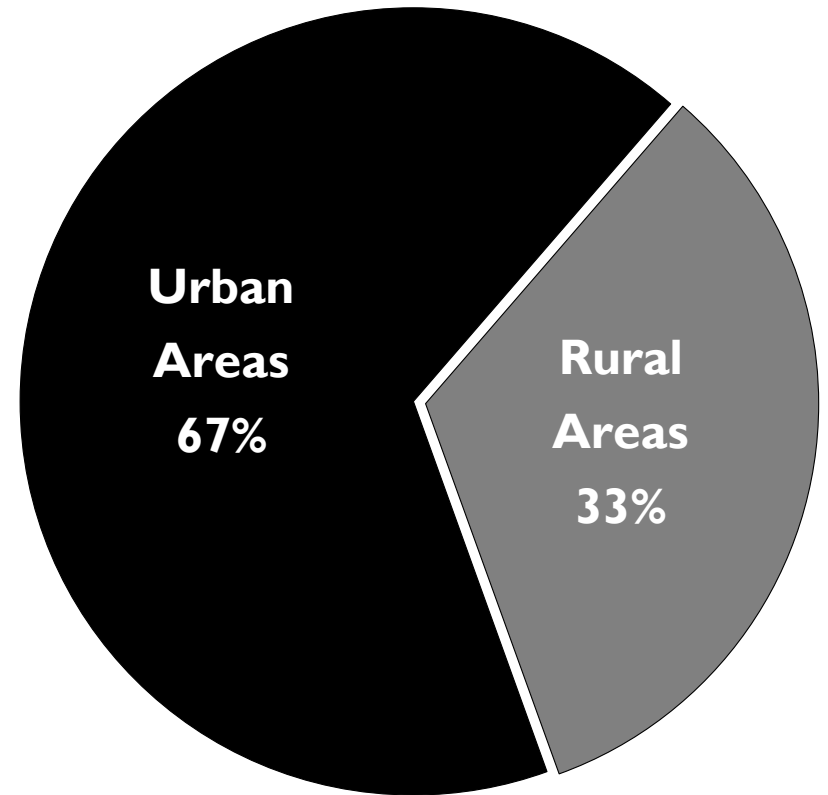
- Urban Indian Health Institute, 2000

- *The mission of UIHI is to support the health and well-being of Urban Indian communities through information, scientific inquiry, and technology.*



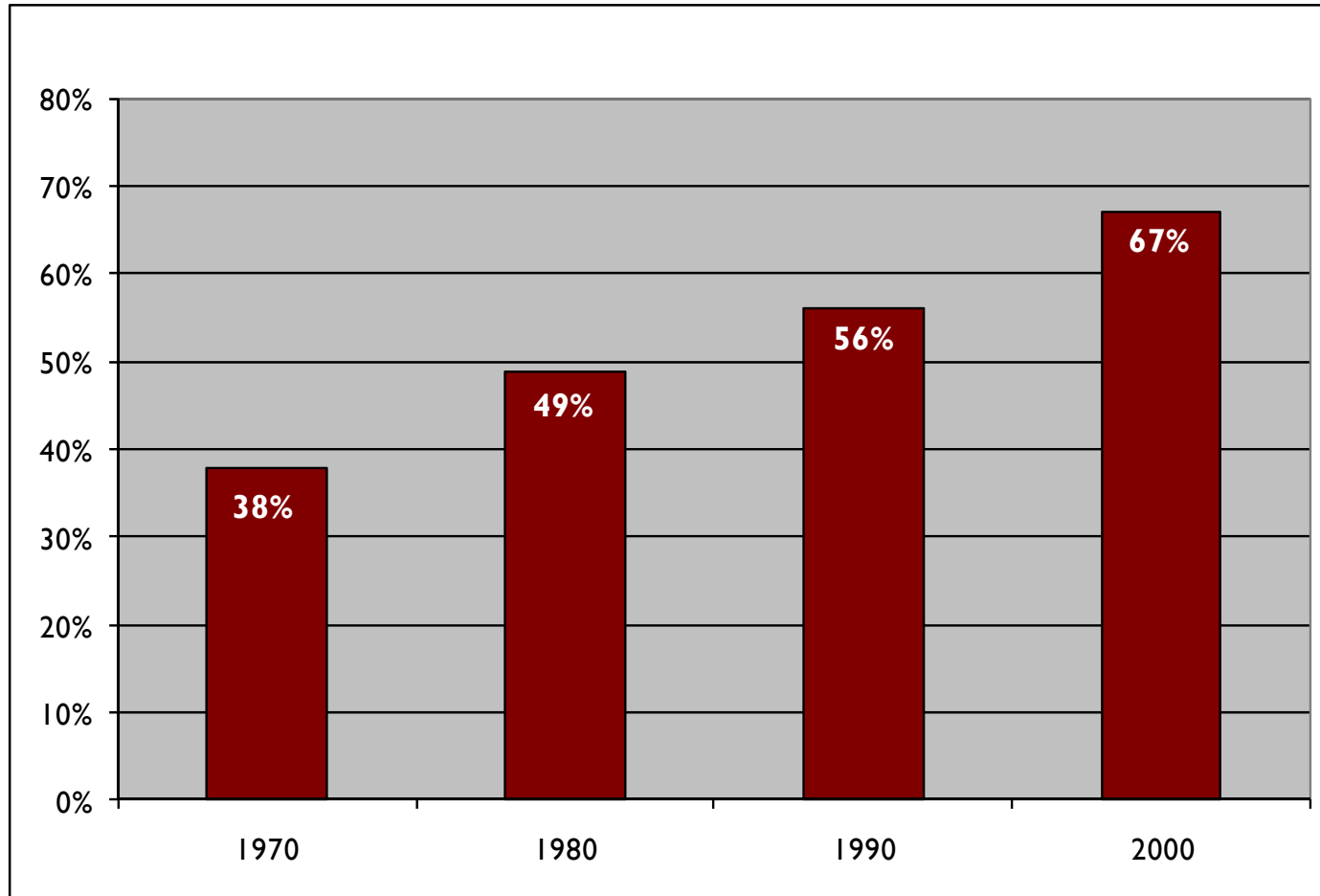
The Urban American Indian and Alaska Native (AI/AN) Population

- Approximately 4.1 million individuals identified as AI/AN alone or in combination with another race
 - 1.5% of the total U.S. population
- Of 4.1 million, 67% live in urban areas



Source: 2000 U.S. Census.

Growth of Urban AI/AN Population



Source: 2000 U.S. Census.

Note: This statistic includes individuals reporting American Indian/Alaska Native alone or in combination with another race.

What will health reform mean for minority health disparities?



- Patient Protection and Affordable Care Act
- Health care and Education Reconciliation Act of 2010
- Indian Health Care Improvement Act - Permanent

Indian Health Services (IHS)

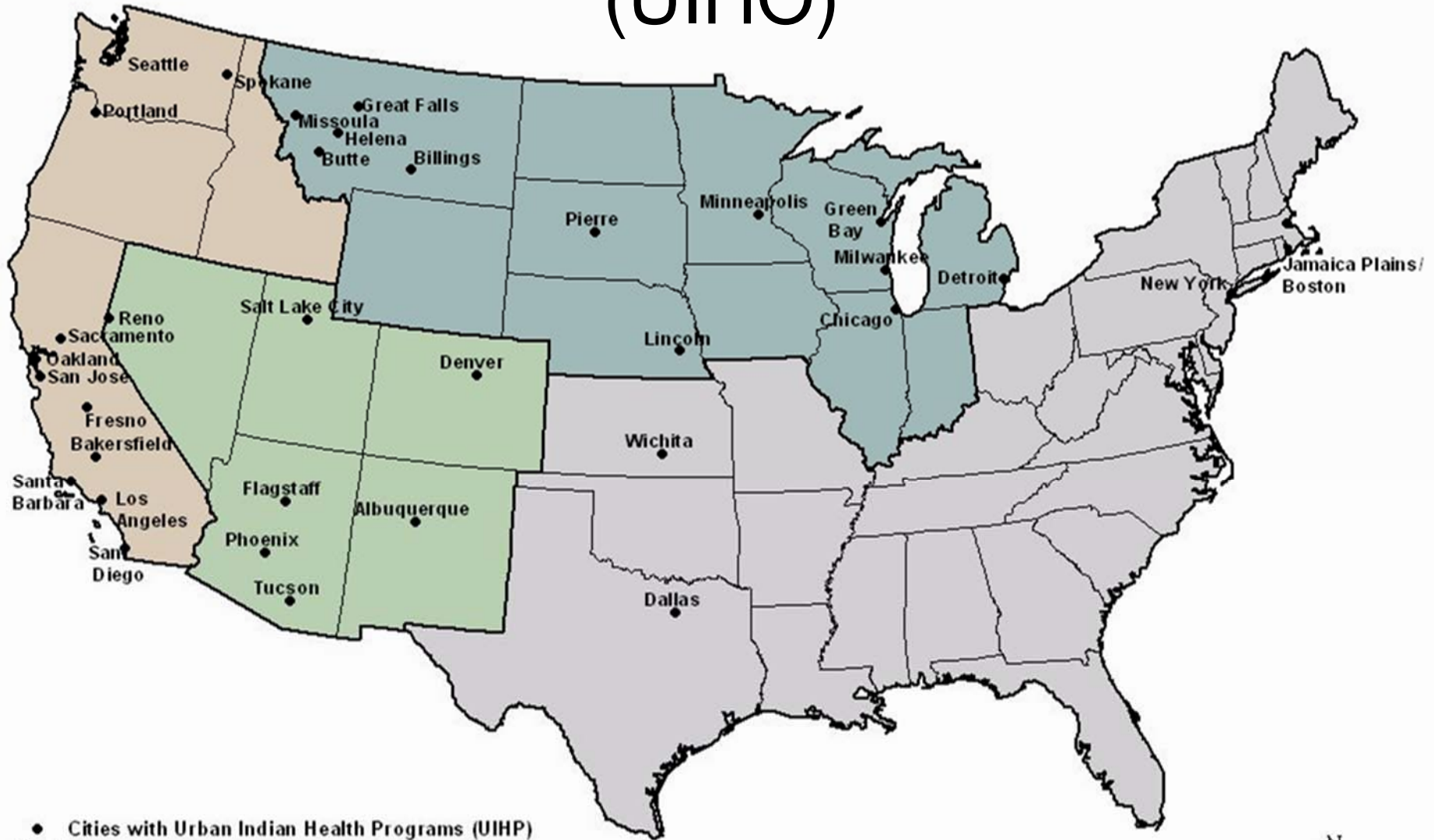
- Agency within DHHS
- Established in 1955 to administer the federal trust obligation regarding health
- Uses three delivery models:
 - Indian Health Service
 - Tribally operated
 - Urban Indian Health Organizations



Urban Indian Health

- Title V of the IHCA
- Scope is one of access, not direct care
- Funds 34 non-profit organizations in 19 states
- Expanded eligibility
- Programs vary greatly in size and service options

Urban Indian Health Organizations (UIHO)



● Cities with Urban Indian Health Programs (UIHP)

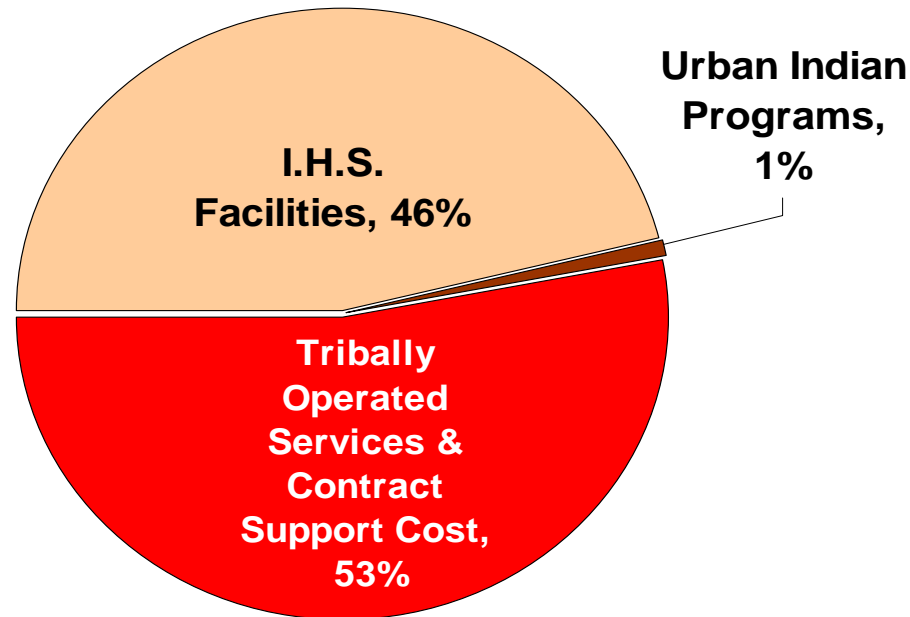
Regions

- East
- Northern Plains
- Pacific Coast
- Southwest



Disproportionate and Inadequate Resource Distribution

- Urban Indian population is more than 67%
- 1% of IHS Budget for Urban Indian Programs



Effects on Individual

- May lose access to tribal assistance
- May lose voting rights on their reservation
- May be removed from tribal roles or become ineligible due to changes in member criteria or tribal leadership
- May be no longer considered “Indian” by federal government, tribe, both

Invisibility Leads to Challenges

- Department of Justice Challenges Legitimacy of Urban Indians (Reauthorization) - 2006
- Bush Administration Efforts at Eliminating Urban Indian Funding in IHS (FY07/08/09)
- Funding Remains Inadequate
- Political Climate Influences Indian Funding
 - War in Iraq and Afghanistan
 - Instability in World Economy
 - Health Care Costs
 - Housing and Credit Problems
 - National Debt

Will improved access to health care (e.g. medical care) through insurance reform help close the health disparity gap for urban AI/AN?

Health Disparities

- Influences include:
 - Social conditions
 - Cultural differences
 - Economics
 - Historical factors

Just getting people health care may not be sufficient to close this recognized gap.

Experience from Indian Health

- Possess federal trust obligation
- Have long history with government with promised benefits
- Authority does not directly translate to necessary resources
- IHS is part of Federal discretionary budget

IHS and Federally Funded Tribes

- Funded at approximately 50% of actual need
- IHS focuses on federally recognized tribes and reservations
 - There are 564 federally recognized tribes
 - More than half of Indian people not included

This focus leaves out the majority of Indian people.

Bureau of Primary Health Care's Community Health Center Program

- 6 of the 34 UIHO are grantees
- Expansion of CHC funding is needed
- Sustainability of Urban Indian Health Programs

Positive Steps in Reforms

- Removing pre-existing conditions
- Age under parent's insurance extended to age 26
- Small-business tax credits
- Rebates for prescription drugs under Medicare

Will these changes in health care access lead to sufficient health improvements to reduce currently recognized disparities in the health status of urban AI/AN?

Economics and Sustainability

- Wars
- Financial Debt
- Environmental Catastrophe
- Floundering economy

- Public Attitude Toward Government

Our ability to focus sufficient attention and resources on health is likely to face daunting obstacles in spite of good intentions.

Challenges in health care reform for urban AI/AN

- Magnitude of change
- Sustainability of change
- More Resources
- Change in Delivery System – primary care

Change is difficult and sustainable change is even more challenging.

Solutions

- Fixing the system
 - Equity - \$11 billion for CHCs
 - Less costly – what will we do about all the new facilities?
 - Quality – HIT, privacy
- Measured change will not be evident in the near future

Big complex problems require big complex solutions.



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