

AI/AN Health Partners

The American Indian/Alaska Native Health Partners thanks the Committee for allowing us to submit testimony on the FY 2020 appropriation for the Indian Health Service (IHS).

The AI/AN Health Partners is a coalition of health organizations dedicated to improving health care for American Indians and Alaska Natives (AI/ANs). AI/ANs face substantial health disparities, and higher mortality and morbidity rates than the general population. The Indian Health Service (IHS) is a critical aspect of how they can access health care. However, the IHS must have sufficient resources to meet its mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

The Partners recognize the budget constraints the committee faces, but we are also aware that for too many years federal funding for tribal health programs has fallen woefully short. A December 2018 GAO report found that the IHS per capita spending was \$4,078 as compared to \$8,109 for Medicaid, \$10,692 for veterans and \$13,185 for Medicare.

Being able to access health care when needed is key to erasing the disparity of care for AI/ANS. In a March 2016 GAO report, "Actions Needed to Improve Oversight of Patient Wait Times," IHS facility staff pointed to three things that were necessary to improve timely access to health care for American Indians and Alaska Natives (AI/ANs):

"...facility staff stated that a lack of sufficient primary care providers, as well as aging infrastructure and equipment are significant obstacles to ensuring that patients receive timely care."

To address these concerns, for FY 2020, the AI/AN Health Partners recommends that Congress:

- Increase the funding for loan repayment and scholarships by \$32,000,000,
- Increase funding for staff housing by \$30,000,000, and
- Increase funding for modern medical equipment by \$10,000,000

Increase the Health Professions account by \$32,300,000 to \$89,363,000

Having an adequate staff of healthcare providers is a key factor for reducing the disparity of disease and care in Indian country. Currently, there are over 1,330 vacancies for healthcare professionals in the Service. Loan repayment has proven to be an effective recruitment and retention tool for Indian health programs. In FY 2018, 1,325 health professionals were receiving IHS loan repayment. However, 844 healthcare providers sought and were denied loan repayment. Of those applicants, 399 did not take an assignment with any IHS or tribe facility. The Health Professions account also provides scholarship funding for American Indian/Alaska Native health care students. In FY 2018, 426 students were considered eligible for scholarships, but only 155 received an award. With additional funding the Service could substantially increase the number of AI/AN providers educated, recruited and retained in Indian health programs.

Providing decent housing, especially in remote areas, is essential for attracting and keeping health care providers in Indian country. In 2018, the Navajo Nation opened a new housing complex for health care

workers. Navajo Nation President Russell Begaye explained at the dedication the importance of the building:

“In healthcare facilities across Navajo, we have a 30-percent vacancy rate for professional staff, including medical doctors, nurses and technicians,” President Begaye said. “The No. 1 reason is that we don’t have this type of [housing] building on the Nation. We need more of these. We want doctors to walk in to these buildings at the end of the day and feel at home.”

Current funding for staff quarters is \$10,000,000. The Service estimates it would require at least \$40,000,000 to address approximately 10-percent of the need for staff quarters.

Increase funding for medical equipment by \$10,000,000 to \$33,706,000

Accurate clinical diagnosis and effective medical treatment depends in part on health care providers using modern equipment/systems to assure the best possible outcomes. Today’s health care providers train with modern digital equipment. However, many IHS and tribal health care facilities are using outdated equipment like analog mammography machines and telecommunications equipment with an insufficient number of lines for scheduling patient appointments. In some cases, they are using equipment that is no longer manufactured. Outdated equipment also makes it difficult to attract and retain new graduates who are used to working with the newest technology.

According to the IHS, “A sustainable medical equipment program for the IHS should be funded in the \$100 to \$150 million annually range to cover replacement and maintenance.” Examples of immediate need include:

- The Phoenix facility needs a Nurse Call System to monitor, track, and log patient information and monitor their health, a hand hygiene system (monitors hygiene compliance, fill levels, etc) and a pharmacy security/monitoring system.
- The Gallup Medical Center is using a portable X-Ray machine that has exceeded its Useful Life. Use of old x-ray technology results in a reduced Medicare reimbursement rate.

In addition to the above FY 2020 appropriations requests, the Partners also support the Administration’s request to make Indian Health Service (IHS) loan repayment and scholarship programs tax free

Loan repayment and scholarship money has proven to be a successful tool to recruit and retain health care providers in Indian country. This is critical given the significant need for providers serving this population. While the IHS currently has funding for scholarships and loan repayment for health care providers, these programs are not tax exempt like the National Health Service Corps and Armed Forces Health Professions loan repayment programs. As a result, the IHS provides tax payments for health care providers and students from the Health Professions account. According to the Service’s FY 2020 budget justification, making these programs tax free would free up an additional \$9,187,927 that could be used to bring more providers to Indian country.

Thank you for allowing the AI/AN Health Partners to share with the Committee our recommendations for improving health care in Indian country.

Our organizations look forward to working with the Committee to improve the health care for American Indians and Alaska Natives,

American Academy of Pediatrics
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American College of Obstetricians and Gynecologists
American Dental Association
American Optometric Association
American Physical Therapy Association
Association of American Indian Physicians
Association of American Medical Colleges
Commissioned Officers Association of the U.S. Public Health Service, Inc. (COA)
National Kidney Foundation

Health statistics for American Indians/Alaska Natives

Diabetes

- At 16.1 percent, the American Indian and Alaska Native (AI/AN) population has the highest age adjusted prevalence of diabetes among all U.S. racial and ethnic groups.
- The prevalence of diabetes varies among different tribes and regions, but it is growing in all Indian Health Service areas.
- AI/AN mortality from diabetes is three times higher than that of the general U.S. population.

Eye and Vision Health

- In 2017, 4 percent of American Indian and Alaska Native adults reported significant vision loss or visual disability, almost double the U.S. average of 2.3 percent.
- Research has suggested that American Indian and Alaska Native children experience higher rates of astigmatism than other American children.
- American Indian and Alaska Native adults are at an increased risk for diabetes-related blindness because they suffer from diabetes at more the twice the rate of the American population and because only half receive the annual eye exam necessary for diagnosis and treatment.

Heart Disease

- Among American Indians or Alaska Natives, 13.7 percent have heart disease, 6.0 percent have coronary heart disease.
- In 2013, CVD caused 3,895 deaths among American Indians or Alaska Natives.

Infant Mortality and American Indians/Alaska Natives

- American Indian/Alaska Natives have 1.6 times the infant mortality rate as non-Hispanic whites.
- American Indian/Alaska Native babies are twice as likely as non-Hispanic white babies to die from sudden infant death syndrome (SIDS).
- American Indian/Alaska Native infants are 70 percent more likely than non-Hispanic white infants to die from accidental deaths before the age of one year.

Maternal Mortality

- In 2014, American Indian/Alaska Native mothers were 2.5 as likely to receive late or no prenatal care as compared to non-Hispanic white mothers.
- According to one state report, from 2014-2015, the rate of pregnancy-associated maternal death among American Indian/Alaska Native women is more than eight times higher than for non-Hispanic white women

Mental Health – PTSD and Suicide

- American Indians and Alaska Natives had significantly higher rates compared with national data rates for post-traumatic stress disorder ranging from two to three times the national rate.
- For the years 2002–2004, AI/ANs committed suicide at a rate of 17.9 per 100,000 population, a rate that has remained fairly stable for 25 years. For 2003, this was 1.7 times the U.S. All Races rate of 10.8 per 100,000.
- Suicide is the second leading cause of death for Native people ages 10-34. For American Indians and Alaska Natives ages 15-34, the suicide rate is 1.5 times higher than the national average. In some tribal communities, the youth suicide rate is 10 times greater than the national average.

Mental Illness and Substance Use Disorder

- Individuals living with serious mental illness and substance use disorder face an increased risk of having chronic medical conditions. Adults in this population die on average 25 years earlier than others, largely due to treatable medical conditions.
- American Indian and Alaska Native populations had the second highest overdose rates from all opioids among racial/ethnic groups in the US.

Oral Health

- Over 80 percent of American Indian and Alaska Native children ages 6-9 and 13-15 years old have tooth decay, compared to less than 50 percent of children of American children in the same age categories.
- American Indian and Alaska Native adults have more than double the prevalence of untreated tooth decay as the general U.S. population.
- The rate of severe periodontal disease in American Indians and Alaska Natives adults is almost double that of the general U.S. population