

FRIENDS OF INDIAN HEALTH

The Friends of Indian Health is a coalition of over 50 health organizations and individuals dedicated to improving the health care of American Indians/Alaska Native (AI/AN) people. The Friends is seeking an additional \$224.6 million for FY 2009 for the Indian Health Service for a total appropriation of \$3,549,462,000. This request represents what is needed immediately for FY 2009. We could easily justify a request of over \$1 billion to close the gap in health care between Indian people and the rest of the nation's citizens.

Since the early 1990s the disparity in health care for Indian people has continued to increase. AI/AN people have a lower life expectancy – nearly four years less - when compared to other populations. This occurs for a variety of reasons:

- Native American youth are more than twice as likely to commit suicide,
- AI/AN people are 670 percent more likely to die from alcoholism,
- 650 percent more likely to die from tuberculosis,
- 318 percent more likely to die from diabetes and
- 204 percent more likely to suffer accidental death

Since, 2005, the Friends has advocated that the most immediate way to address the disparity of disease and health care in Indian country is to fully fund loan repayment and the IHS Director's prevention account. We were very pleased last year when the Committee addressed these needs by adding an additional \$14 million for prevention of methamphetamine use and suicide and \$5 million for loan repayment.

Currently, the overall health professions vacancy rate for the IHS is 20 percent, but some professions have even higher numbers. The IHS loan repayment program has been very successful in attracting providers to the Service. In FY07 the IHS made 487 awards and ended the year with 356 unfunded applicants. Additionally, many professionals would continue to stay in the IHS, thereby improving continuity of care, if more loan repayment funding was available. According to the IHS not being able to provide loan repayment contributes to increasing turnover and vacancy rates. Health provider vacancies also put an additional strain on contract health services dollars that are already extremely limited by requiring referrals for services that could otherwise be provided from within the IHS system.

The Friends of Indian Health recommends \$40 million—an additional \$22 million over current levels—for loan repayment so that the IHS can fully staff all health provider vacancies. Last year the Friends appealed to the Committee to add this funding over 4 years, allowing the IHS to be fully staffed by 2011. The Friends were very appreciative when the committee increased this account by \$5 million for FY 2008 and looked forward to continuing to build on that start.

We are dismayed that the Administration has proposed cutting the health professions account by \$14.4 million for FY 2009. The Secretary of Health and Human Services has testified before other committees that the reason for reducing various loan repayment accounts is that they prefer to put the money into services instead of facilities. It is hard to understand how the Department can equate manpower to buildings and how it intends to deliver services without health care

providers. The Friends believe that it is vital to restore the funding and to continue to reach the goal of fully funding the loan repayment account by 2011. Therefore we recommend the Committee provide an additional \$19.4 million for this account.

The Friends is pleased that the Administration's budget proposal will maintain funding levels to address the rise in methamphetamine use and suicide. But, calling for a decrease of over \$11 million to address alcohol and substance abuse will only increase health care costs. Problem drinking is associated with injuries. According to the IHS, "The AI/AN population has an age adjusted alcohol-related death rate (46.5) that is 7.4 times the U.S. all-races rate (6.3) and 7.8 times the U.S. white race." With injuries come additional health care costs and if injuries prevent the victims from working then there is increased unemployment. The IHS has estimated that fully funding needed alcohol and substance abuse services would require an additional \$119.5 million above FY 2008 funding. Keeping with the Friends strategy to develop a plan to sufficiently fund the IHS over 4-5 years, we recommend that the committee restore the \$11.2 million and add an additional \$21 million for a total of \$32.2 million.

As we have indicated above, an increase in injuries due to alcohol and substance abuse often leads to additional medical costs due to injuries. It is not uncommon that the injuries are so severe that IHS and tribal facilities cannot provide the needed services. Patients must seek care outside of the system and the IHS is supposed to reimburse the providers from the contract health services (CHS) account. Patients needing cancer treatments, mental health services and surgeries are also covered through this funding.

The number of services that can be provided through the CHS is declining annually because it has not kept pace with medical inflation and population growth. This has forced tribes to develop systems that prioritize and ration care often only able to fund emergent or acutely urgent care. The IHS reports that the CHS account is funding only 60 percent of the need. When applying realistic medical inflation numbers and adjusting for a population growth of 1.2 percent a year, the IHS has estimated that it could conservatively use over \$1 billion in this account to meet 100 percent of the need. The Friends wishes that the Committee could meet this need but recognizes funding realities. Therefore, the Friends ask the Committee to increase the CHS account by a minimum of \$20 million.

Totally, the Friends recommends an increase of \$224.6 million above the President's request for IHS for FY 2008. That amount includes recommendations made above and funding for programs listed below to restore or fully fund them at amounts that reflect the actual level of need:

- + \$43 million for Pay Act costs: The President's budget does not cover all mandatory salary needs.
- + \$75 million for Health Care Facilities. We are disappointed to see that the Administration is again proposing to decrease this account. The IHS has carefully planned its construction schedule and an interruption in that planning will only result in higher construction costs in the future.
- + \$35 million for Urban Indian Health Program (UIHP). While the Friends appreciate the need not to duplicate federal programs, we do not agree with the Administration's analysis that urban Indians should seek care in non-Indian facilities. Last year, the

National Council of Urban Indian Health stated that, “Contrary to the assertions made in the President's FY 2008 budget, urban Indian health organizations do not duplicate the functions of other programs, but rather serve a unique, non-duplicative and culturally specific purpose within the large urban Indian communities.” We do not believe that any circumstances have changed in the past year to justify eliminating this program. Therefore, we strongly urge the Committee to restore it.

Below are additional statements by groups represented by the Friends detailing the need for improved Indian health care. As health care organizations and providers, we know that there will ultimately be a cost savings to the government if the disease disparity rates can be reduced and access to health care improved for AI/ANs.

The Friends is grateful to the Committee for its past strong commitment to addressing the health care needs of the AI/ANs. We believe that continued support from the committee will strengthen the IHS public health infrastructure and lead to decreases in mortality and morbidity rates of American Indians and Alaska Natives.



Mental Health

- Poverty is a significant contributing factor toward mental and substance abuse disorders. The poverty rate for American Indians and Alaska Natives (AI/AN) in 2001 was 24.5 percent, as compared to 7.8 percent for non-Hispanic whites. The median household income estimate for AI/ANs was \$32,000 as compared to \$46,000 for non-Hispanic whites.
- Inadequate mental health and substance abuse services contribute to a suicide rate for AI/AN that is about 1.7 times the rate for all races in the U.S. and the suicide rate for males 15 to 34 years of age is over two times the national rate.
- The suicide rate for Indian people is 60 percent higher than the general population.
- Studies have shown that 69.9 percent of all suicidal acts (completions and attempts) in AI/AN country involved alcohol use.

Kidney Disease

- American Indians have one of the highest rates of chronic, irreversible kidney failure or End Stage Renal Disease (ESRD) of any population. In 2005, the prevalence rate for End Stage Renal Disease for Native Americans was 2.3 times higher than that for White Americans.
- Diabetes is the leading cause of all new cases of kidney failure for all Americans, and the explosion in the incidence of type 2 diabetes among American Indians is the driving force behind the AI/AN kidney disease prevalence rate

Oral Health

- 79% of children aged 2-5 years had a history of decay
- 78% of adults 35-44 years old and 98 % of elders 55 years or older had lost at least one tooth because of dental decay, periodontal (gum) disease or oral trauma.

Diabetes

- Today diabetes has reached epidemic proportions among Native Americans. Each year 54,000 people lose their feet or legs to diabetes. Amputation rates among Native Americans are 3-4 times higher than the general populations.

- An Arizona tribe has the highest rate of diabetes in the world. About 50% of the adults between the ages of 30 and 64 have diabetes in this tribe.

Vision and Eye Health

- A recent three year study of Navajo people (the largest native population) revealed that within the prior two years only about 33% had an eye exam and that only 20% had visual acuity good enough to qualify for a driver's license, even with their present eyeglasses.
- With the high rate of diabetes, it is imperative that timely detection and treatment be available in Indian country. Diabetic retinopathy occurs in 24.4% of Oklahoma Indians.

Pharmacy

- Pharmacists play an important role in disease state management, particularly the monitoring of patients suffering from diabetes.
- Through the pharmacy training program, now in 13 sites, the IHS plays a significant role in the education of pharmacists interested in pursuing careers in the IHS.

Women's Health Care

- AI/AN girls up through the age of 19 are approximately 3 times more likely to commit suicide than their white counterparts.
- Although AI/AN women across Indian country have lower cancer death rates than U.S. all races, in Alaska and Northern Plains, the rates for AI/AN women are 22% and 42% higher, respectively, than for U.S. all races.
- The 2002 U.S. prevalence of diagnosed diabetes in women 20 and over was 7.1%. For AI/AN women, it was 15.9%, more than double. This disease is devastating to the health of these women; in addition, it increases complications in childbearing, and elevates the risk that their children will also become diabetic.

Children's Health Care

- More than one-third of the nation's AI/AN population is under the age of 15, and the health of these children consistently lags behind other populations. For example, the SIDS rates among AI/AN infants are nearly twice that of the general population.
- AI/AN children are more than twice as likely to die in the first four years of life than the general population, and remain twice as likely to die through age 24.
- The rate of type 2 diabetes among AI/AN teens aged 15-19 has increased 109% since 1990.

Cardiovascular Disease (CVD)

- While the general U.S. population has seen a 50% decline in cardiovascular mortality, the AI/AN population rates are rapidly and dramatically increasing.
- CVD is the leading cause of death among AI/ANs and is double the rate of the general U.S. population.

Need for Nurses

- The, IHS has been disproportionately affected by the national shortage of RNs.
- IHS nurses are older, with an average age of 48, and nearly 80 percent of RNs are over the age of 40.
- IHS nursing scholarships programs are severely under-funded. Targeted resources need to be invested in the IHS health professions programs in order to recruit and retain registered nurses in Indian Country.