Health Care for ALL Oregon

20 YEARS FIGHTING FOR HEALTH EQUITY

Universal healthcare:

Everybody in!
Nobody out!

UNIVERSAL HEALTHCARE Implications for Health Impacts on Indigenous People

Presentation for Oregon Public Health Association

October 12, 2020

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1. **Where are the gaps in healthcare for Indigenous people?**

   Describe how the current healthcare payment and delivery model fails to address the health needs of Indigenous people.

2. **How can publicly funded, universal healthcare fill the gaps?**

   Identify implications for how a publicly funded, universal healthcare system may address the gaps in care for Indigenous people in Oregon.

3. **How could a universal healthcare system allow a re-direction of financial resources to focus on public health needs of Indigenous people?**

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Indian Health Service

1. **What is Indian Health Service?**
   A. Federal agency founded in 1955 and located within the U. S. Department of Health and Human Services
   B. Based on the federal government-to-government relationship with tribal nations as established in 1787 in the U.S. Constitution and upheld in numerous treaties, laws, Supreme Court decisions, and Executive Orders
2. **Why is there an Indian Health Service?**
   A. Based on treaty rights and not on race
   B. Mission: to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives (AI/AN) to the highest level
   C. Providing direct services (available onsite) and purchased/referred services (from private sector) – no IHS hospital in Oregon
3. **Who is eligible for Indian Health Service?**
   A. Direct services: approximately 2.6 million AI/AN who are members of 574 federally recognized tribal nations in 37 states
   B. Purchased/referred care: subset of members who meet additional qualifications

IHS Policy Brief
https://static1.squarespace.com/static/59e96b4280bd5eb45e5cedfd/t/5f84ac95f83a367bc6f694b2/1602530469650/Policy+Brief+IHS+Indian+Health+Care+in+Oregon_FINAL.pdf

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1. **Where are the gaps in healthcare?** COVID and loss of healthcare

A. During the six-week period (through May 4, 2020), all 500 Tribal casinos were closed in response to COVID19 guidelines.

B. Tribal communities lost $4.4 billion in economic activity, with 296,000 individuals out of work and nearly $1 billion in lost wages.

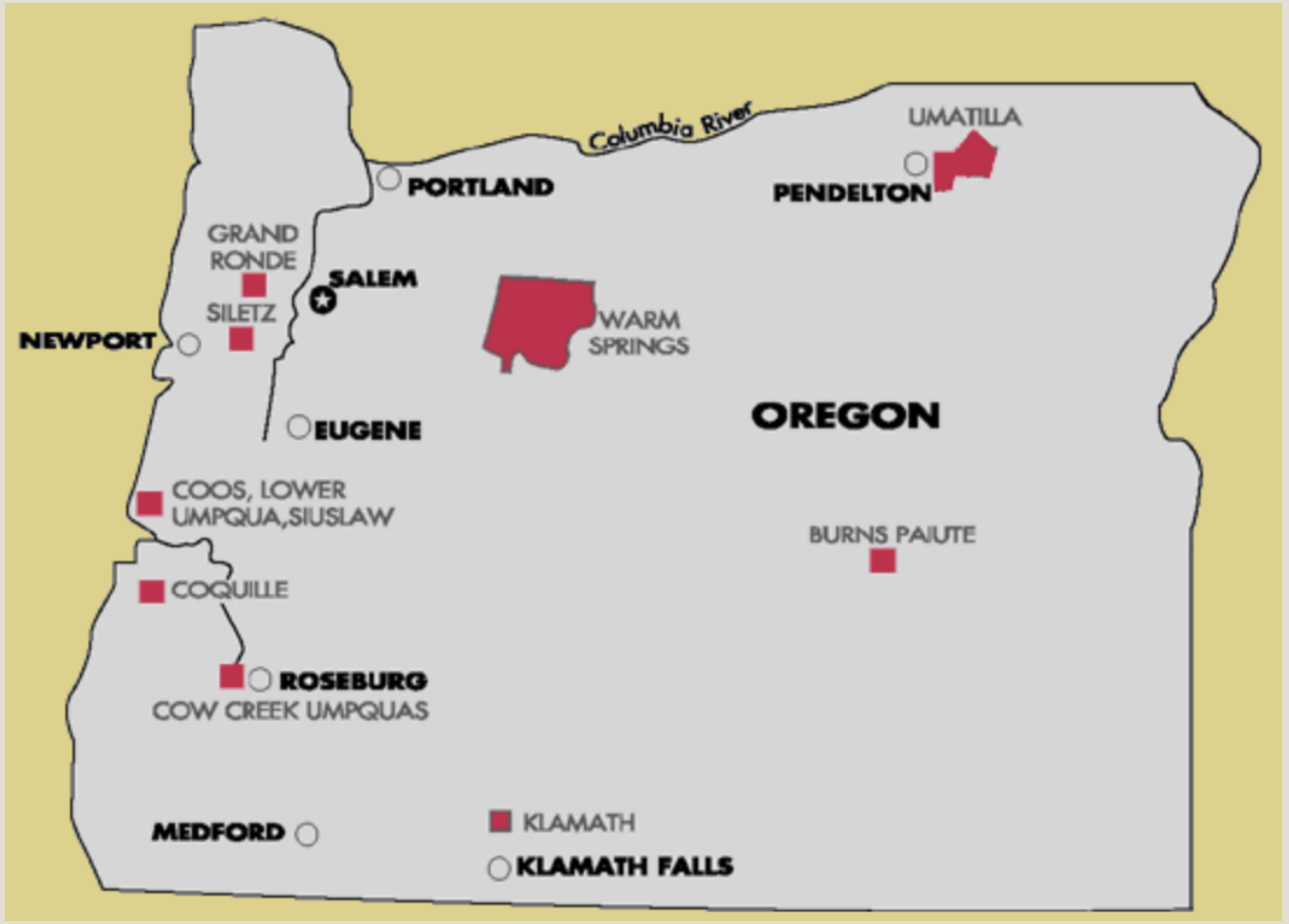
C. "Over 193,000 AI/ANs have become uninsured as a result of COVID-19 job losses, with the vast majority of these individuals (72%) lacking access to IHS as well."

Source: Stacy Bohlen, CEO, National Indian Health Board (Senate Testimony on June 2, 2020 with reference to Harvard Project) https://www.nihb.org/docs/06032020/FINAL_Senate%20Letter_%20HEROES%20Act.pdf

1 of 2 Types of Healthcare: Direct Services & Gaps

1. *Description*: any services that are available onsite at the healthcare facility
2. *Eligibility*: any member of a federally recognized tribal nation
3. *Gaps*
   A. Lack of service for members of state-recognized tribal nations
   B. Lack of service for members of unrecognized tribal nations such as Chinook Indian Nation or Clatsop-Nehalem Confederated Tribes in Oregon
   C. Lack of transportation for members of federally recognized tribal nations to travel to healthcare facilities
   D. Needed healthcare services that are not available onsite
   E. Lack of adequate number of specific types of healthcare providers

I/T/U Healthcare in Oregon



Source: Northwest Portland Area Indian Health Board
http://216.243.141.9/member_tribes/oregon_member_tribes

2 of 2 Types of Healthcare: Purchased/Referred Services & Gaps

Qualification	Description	Example: Two hip replacements
Tribal affiliation	Member of federally recognized tribal nation	Met qualification with membership in tribal nation in Alaska
Residency	Living within P/R service delivery area	Would need local address and five roundtrips to Anchorage as well as pay for other travel expenses out of my own pocket for each hip
Notification	Private provider's request for payment	
Medical priority	I to V according to acuity	Priority III: secondary care
Use of alternative resources	IHS as payor of last resort	I used Medicare.

Tribal Enrollment

OREGON INDIAN TRIBAL ENROLLMENT*

Name	Total
Burns Paiute	396
Confederated Tribes of Coos, et al	1,081
Coquille	1,006
Cow Creek Band of Umpqua Indians	1,745
Confederated Tribes of Umatilla	2,963
Confederated Tribes of Siletz	4,920
Confederated Tribes of Grand Ronde	5,316
Klamath Tribe	4.776
Confederated Tribes of Warm Springs	5,230
TOTAL	**27,433**

*March 2014 data as supplied by the Tribes

Source: Indians in Oregon Today https://www.oregon.gov/ode/students-and-family/equity/equityinitiatives/Documents/IndiansinOregonToday.pdf

1. Where are the gaps in healthcare for Indigenous people?

A. Lack of culturally responsive services in the healthcare delivery system at large as indicated in scientific studies – with racism as a recognized factor

B. Chronic underfunding for IHS by Congress

C. Lack of service for Indigenous people who are not members of federally recognized tribes

D. Lack of service for tribal members who live where the facilities are inaccessible

E. Lack of service for tribal members who do not live in their tribal nation's service delivery area

F. 2018 Uninsured rates for the nonelderly:
7% for Whites, 14% for AI/AN, and 9% for all (Kaiser Family Foundation)

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2. How can publicly funded, universal healthcare fill the gaps?

A. Providing services for Indigenous people unqualified for IHS/tribal/urban-Indian services

B. With improved efficiencies in the healthcare system: Fill the "severe, longstanding, and well-documented shortage of healthcare professionals in Indian Country" ~ Stacy Bohlen

C. Focus on healthcare not administering insurance: Tribal nations' bill Medicare, Medicaid, and private insurance – can constitute up to 60% of their healthcare operating budgets: COVID cancellations contributing to shortfalls ranging from $800,000 to $5 million per Tribe, per month…. ~ Stacy Bohlen

D. Expansion and updating healthcare facilities and telehealth capacities: "Currently, IHS and Tribal providers are largely restricted from billing for medical services outside the four walls of a clinic. This means that home visits, telehealth, and other necessary outpatient COVID response services can't be reimbursed, leading to serious gaps in accessibility of care." ~ Stacy Bohlen, CEO, National Indian Health Board

Source: Stacy Bohlen testimony citing 2 Rodriguez-Lonebear, Desi PhD; Barceló, Nicolás E. MD; Akee, Randall PhD; Carroll, Stephanie Russo DrPH, MPH American Indian Reservations and COVID-19, Journal of Public Health Management and Practice: July/August 2020 - Volume 26 - Issue 4 - p 371-377 doi: 10.1097/PHH.0000000000001206

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COVID example:

Hand-washing is the number one way to protect against a COVID-19 infection. Yet approximately 6% of AI/AN households lack access to running water, compared to less than half of one percent of White households nationwide.1 In a new peer-reviewed study of 287 Tribal reservations and homelands, COVID-19 cases were found to be 10.83 times more likely in homes without indoor plumbing. ~ Stacy Bohlen, CEO, National Indian Health Board

Priorities in Tribal Public Health*

The Tribal Public and Environmental Think Tank identified the following social determinants which have affected tribal health and well-being:

1. Unsafe, inadequate housing
2. Barrier to educational achievement
3. Persistent generational poverty
4. Deeply routed historical trauma
5. Societal and institutional racism and discrimination

Source: Tribal Public and Environmental Health Think Tank
American Public Health Association (2018)

Public & Environmental Health Priorities

The Think Tank also identified the following priorities to continue to bring visibility to:

1. Food sovereignty and access
2. Infrastructure and systems development
3. Climate and health
4. Resource extraction
5. Clean air
6. Clean water

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OPHA's Mission

"We strive to ensure all Oregonians have quality public health services and policies that protect, promote and preserve their health, regardless of who they are or where they live."

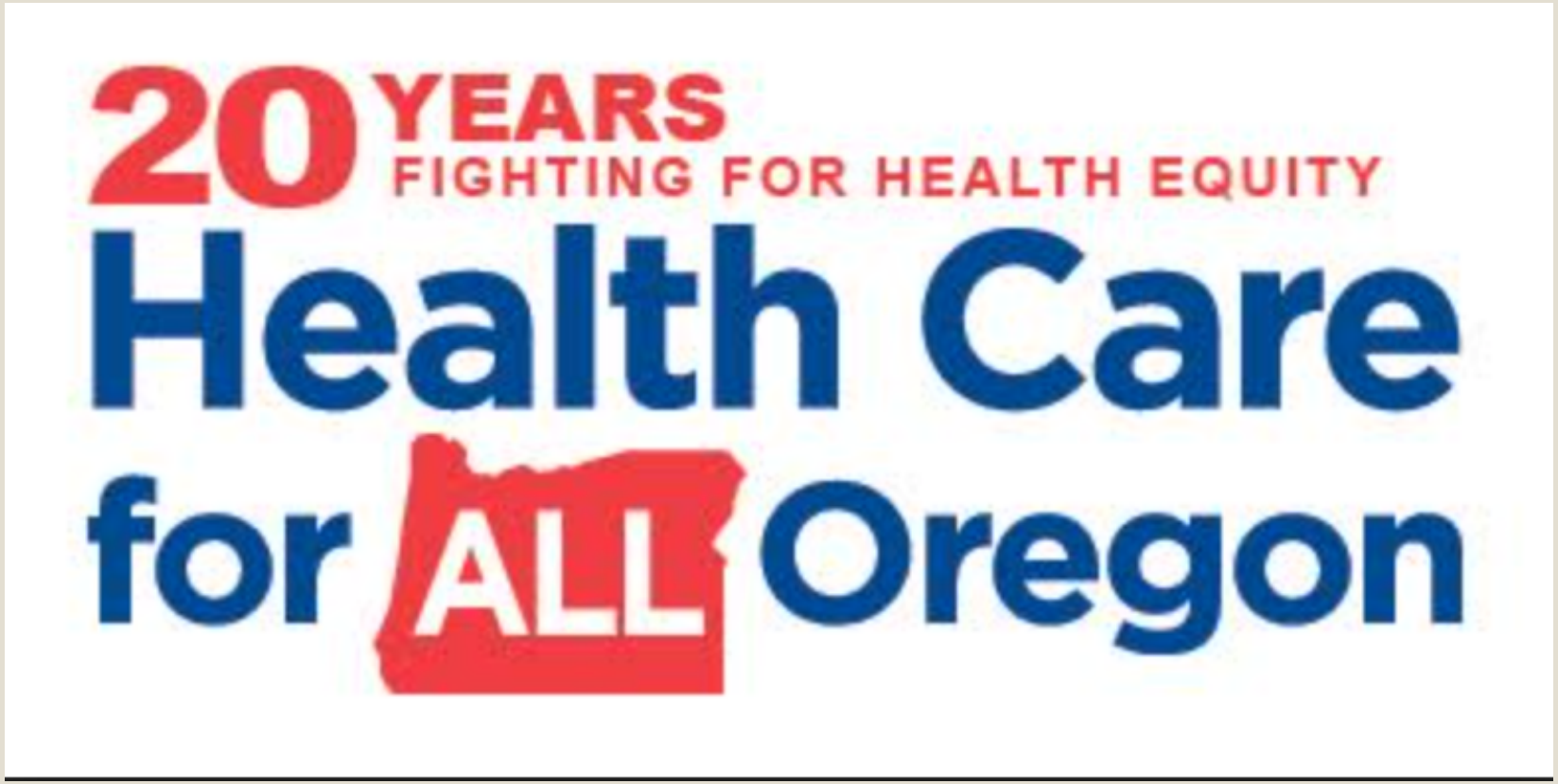
At HCAO, we align with that mission by working for publicly funded, universal healthcare:

Everybody in! Nobody out!

Gunalchéesh/thank you!

For more information on the structure and basis for Indian Health Service in Oregon, see the Policy Brief which will be available on the HCAO website, or email me at ruthjensen@hcao.org.

https://static1.squarespace.com/static/59e96b4280bd5eb45e5cedfd/t/5f84ac95f83a367bc6f694b2/1602530469650/Policy+Brief+IHS+Indian+Health+Care+in+Oregon_FINAL.pdf



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