National Indian Health Board

April 6, 2017

THE STATE OF PUBLIC HEALTH IN IN INDIAN COUNTRY

BACKGROUND:

The federal promise to provide Indian health services was made long ago. The United States made this promise in a series of treaties with Tribes, exchanging compensation and benefits for Tribal land and peace. Since that time, all branches of the federal government have acknowledged the nation's obligations to the Tribes and the special trust relationship between the United States and American Indians and Alaska Natives. The trust responsibility **does not** mean that Tribes must apply yearly for funding; it has already been guaranteed.

To facilitate upholding its trust responsibility, the federal government created the Indian Health Service (IHS) and tasked the agency with providing health services to American Indians and Alaska Natives. Yet, IHS services are largely limited to direct patient care, leaving little, if any, funding available for public health initiatives such as disease prevention, education, research for disease, injury prevention, and promotion of healthy lifestyles. This means that Indian Country continues to lag far behind other communities in basic resources and public health services. Our communities are therefore more vulnerable to increased health risks and sickness.[1]

As independent, sovereign nations, Tribal governments do not operate within the state regulatory structure, and often must compete with their own state governments for resources. Tribes are regularly left out of both statewide public health plans and federal funding decisions for public health programs. Without a local tax base and little (if any) outside funding, Tribal communities are often the most in need of public health dollars. Tribes were ignored during the formulation of the US public health system, and it is now time to redress this wrong.

SOURCES OF FUNDING:

Tribal communities must cobble together public health funding from a variety of federal, state, local, and private funding sources. State governments receive base operational and programmatic funding through the large flagship federal grants and the Preventive Health and Health Services (PHHS) block grant program, while Tribes are either not eligible to compete for the funding or are woefully underrepresented in the grantee pool (only two Tribes receive PHHS block grant funding directly). This leads to rampant unpredictability and inconsistency among Tribal public health initiatives.

When Tribes are eligible to apply for federal grants that address public health issues, many of these programs have little penetration into Indian Country because Tribes have difficulty meeting the service population requirements, match requirements, or are under resourced to even apply for the grants. Unlike state health departments which employ thousands of people to write grant applications, few Tribes have enough staff to conduct basic programming, let alone work on competitive grant applications.

WHAT DOES PUBLIC HEALTH IN INDIAN COUNTRY LOOK LIKE?

Tribal public health systems vary widely in terms of effectiveness and funding. While some Tribal communities possess large public health departments, the reality is that many are just not able to support robust public health

[1] See: https://www.ihs.gov/newsroom/factsheets/disparities/

services with current resources. And because Tribes or villages are often located hours from population centers, access to public health services is nonexistent or inaccessible for many American Indians and Alaska Natives. With significant health challenges in Indian Country such as high rates of Type 2 diabetes, increasingly high rates of youth suicide, widespread alcoholism and drug abuse on many reservations, and high rates of unintentional injuries, more must be done to support public health in Indian Country. Sadly, it is often the case that the communities who need public health funding the most are left out of funding decisions because of difficulties qualifying, applying, and/or competing for federal grants.

POLICY RECOMMENDATIONS:

In order to improve the penetration of public health services in Indian Country it is crucial that **Congress prioritize direct public health funding to Indian Country**. This should be done by creating specific Tribal funding set-asides for block grants such as Preventive Health and Health Services Block Grant; Community Mental Health Services Block Grant; Community Service Block Grant; and the Social Services Block Grant. Federal agencies should also create funding streams that parallel the state flagship grant system. These large flagship grants provide funds to organizations and efforts within the state, but also provide the funding to sustain the infrastructure within state health departments. Denying this stable source of funding to Tribes, denies them a significant opportunity to create the infrastructure required to address their own public health priorities.

Additionally, Congress should **extend Tribal Self-Governance authority to agencies at the Department of Health and Human Services** beyond the IHS. This would allow Tribes to proficiently run their own public health programs, just as they have done for IHS programs. In almost every case where the Tribe has taken over direct control of a federal program, services are delivered more effectively and at a lower cost. Self-Governance represents efficiency, accountability and best practices in managing and operating Tribal programs and administering Federal funds at the local level. Expanding Self-Governance translates to greater flexibility for Tribes to provide critical social services within agencies such as the Administration on Aging, Administration on Children and Families, Substance Abuse and Mental Health Administration, and Health Resources and Services Administration.

The CDC should also **provide targeted funding for disease surveillance and prevention in Indian Country**. The CDC has done little to invest in a surveillance system that honors Tribal sovereignty, successfully navigates jurisdictional competition, and supports respectful and reliable data collection methods. As data is the foundation for effective program planning and funding allocation, both the Tribes and the CDC, have a vested interest in establishing a more effective surveillance system for Indian Country.

Congress should also **support, through statute, traditional and cultural healing practices** when it comes to public health. Often, federal grants require the use of "evidence-based practices" which have not been tested or proven successful in Tribal communities. Yet, many Tribes find that traditional healing, especially when addressing issues like behavioral health and obesity, are effective in their communities. It is critical that both Congress and federal funders recognize the importance of traditional healing and support research that focuses on empirically-driven traditional healing practices in Tribal communities.

For more information please visit www.nihb.org or contact NIHB Director of Congressional Relations Caitrin McCarron Shuy at (202) 507-4085 or cshuy@nihb.org.

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TOP LEGISLATIVE PRIORITIES FOR PUBLIC HEALTH

1) **Renew the Special Diabetes Program for Indians for at least 5 years for $200 Million per year**
   - NIHB is asking Congress to quickly pass legislation to renew the Special Diabetes Program for Indians. The current authorization expires on September 30, 2017.
   - The Special Diabetes Program for Indians (SDPI) has not received an increase in funding since 2002; the program has effectively lost 23 percent in programmatic value over the last 12 years due to the lack of funding increases corresponding to inflation.
   - Few programs are as successful as SDPI at addressing chronic illness and risk factors related to diabetes, obesity, and physical activity. SDPI has proven itself effective, especially in declining incidence of diabetes-related kidney disease.
   - The incidence of end-stage renal disease (ESRD) due to diabetes in American Indians and Alaska Natives has fallen by 54% - a greater decline than for any other racial or ethnic group. Treatment of ESRD costs almost $90,000 per patient, per year, so this reduction in new cases of ESRD translates into significant cost savings for Medicare, the Indian Health Service, and third party payers.
   - Learn more at www.nihb.org/sdpi

2) **Create an American Indian/Alaska Native Public Health Block Grant**
   - Create an American Indian/Alaska Native (AI/AN) public health block grant program that would be similar in purpose and flexibility to the Preventive Health and Health Services (PHHS) Block Grant, which provides funding to all 50 states, 8 territories and 2 Tribes.
   - Public health infrastructure in Indian Country is one of the most severely underfunded and under developed areas of the health service delivery system.
   - Tribes have both the rights and responsibilities to provide vital public health services for their communities. To do this, they must also have the tools to carry out these functions.
   - Currently, Tribes are regularly left out of state- run public health programs and simultaneously, are routinely overlooked by federal agencies during funding decisions for public health initiatives. Tribal governments do not operate within the state regulatory structure, and often must compete with their own state governments for resources. Without a local tax base and with little outside funding, Tribal communities are often the most in need of public health dollars.
   - Therefore, we request that Congress create an AI/AN block grant which would ensure that all Tribes receive either directly, or through Tribal consortia (if Tribes so choose), dedicated and sustained funding to support public health priorities determined by the Tribes.

3) **Enact Special Suicide Prevention Program for AI/ANs**

- AI/AN communities grapple with complex behavioral health issues at higher rates than any other population. Destructive federal Indian policies and unresponsive or harmful human service systems have left AI/AN communities with unresolved historical and generational trauma. According to the Substance Abuse and Mental Health Services Administration, suicide is the 2nd leading cause of death – 2.5 times the national rate – for AI/AN youth in the 15 to 24 age group.
    - Congress should enact a program to target suicide prevention for Indian Country that would be modeled off of the Special Diabetes Program for Indians. This means, Tribes would have sustained, stable funding and programs would be driven by local community needs and priorities.

4) **Create flagship funding for Tribal health departments**

- Congress should create flagship funding for Tribal health departments for key public health issues in Indian Country.
- State health departments receive multi-year funding from the CDC for such issues as HIV, hepatitis C, diabetes, cancer, and sexually transmitted diseases. These funds are used to establish the state's own programming and presence around these issues.
- Tribes should be permitted the same opportunities through their own flagship awards.

5) **Ensure Tribes are Accessing funds for Emergency Preparedness**

- ***NIHB requests that Congress direct 5% of PHEP funds to Tribes so that they can develop comprehensive and achievable response plans for public health crises.***
- The Public Health Emergency Preparedness (PHEP) Cooperative Agreements at CDC provide base funding to states, territories and major cities to upgrade their ability to respond to a public health crises. But again, Tribal communities do not receive this funding directly, and few, if any, see any support from their state programs.
- Many Tribal reservations reach across state boundaries, and some occupy land areas larger than many states. Without federally-supported infrastructure support for prevention and response to natural disasters or pandemics in Indian Country, the impacts on American Indians and Alaska Natives (and others) could be enormous.
- Furthermore, failure to fund Tribal communities and reservations could mean that large land areas of this country are not covered for emergency infrastructure support, causing a domino effect throughout the rest of the nation when it comes to pandemics or natural disasters.