



Alaska Native Health Board

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Alaska Tribal Health Compact Co-Signer Meeting with Dr. Yvette Roubideaux, Director, Indian Health Service Tuesday, September 15, 2009

Tribal Self-Governance in Alaska

Co-Signers were pleased to learn that your top priority is to “renew and strengthen the Indian Health Service’s partnership with tribes,” and to receive your statement that, “the only way we can restore our communities to health is to work in partnership with them.” We agree. The 231 federally recognized Tribes in Alaska are proud of the achievements of their health programs, and we invite you to come visit Alaska to meet with tribal leaders, program directors and clinicians to see first-hand how we have used the efficiencies and flexibilities of Tribal Self-Governance to create a health care delivery system that seamlessly integrates services at the village, regional and tertiary levels of care. It works because the sovereign Tribes in Alaska chose it, and committed themselves to working together to support it. ***We would like you to support the passage of “Title VI” legislation to extend the efficiencies and flexibilities of Self-Governance to all of the Department of Health & Human Services.***

Indian Health Care Improvement Act Reauthorization / Reforming Indian Health System

It is our understanding that one of your top priorities is, “to begin discussions with our Tribes, healthcare providers, and patients on how we can bring reform to the Indian Health Service.” The Co-Signers feel strongly that the best way to improve the Indian Health System is to reauthorize the Indian Health Care Improvement Act. ***We urge IHCA passage this year.*** Co-signers support the NIHB positions on reauthorization of the IHCA (H.R. 2708), Rep. Rahall’s Amendments to H.R. 3200, and Sen. Dorgan’s Concept Paper on “Reforming the Indian Healthcare System.” We have provided comment via ANHB to Sen. Dorgan regarding:

- Strengthening alternate resource systems, including payor of last resort, Medicaid/SCHIP enrollment, coverage and payment; and VA support for Tribes;
- Strengthening long-term care, Elder care, and chronic disease programs;
- Strengthening facilities and sanitation programs, including maintenance & improvement;
- Strengthening domestic violence, sexual assault, and child abuse & neglect programs;
- Strengthening behavioral health and substance abuse and prevention program; and
- Strengthening Indian health professions and workforce development programs.

We have provided these comments to our Area and OTSG, and we seek your assurance that they will be fully considered as official tribal comments on Indian Healthcare reform.

We also appreciate the many presentations made by Area Director Chris Mandregan earlier this year regarding Indian Health System reform, and we provided responses and information from Tribal discussions to him in an April 3, 2009 letter from our Co-Lead Negotiator Val Davidson.

We have provided this letter to our Area and OTSG, and we seek your assurance that it will be fully considered as official tribal comments on Indian Healthcare reform.

Co-Signers are strongly opposed to opening any discussion on changing the existing standards regarding who is eligible to receive services through the Indian Health Service and tribal system, including any change that would require any sort of blood quantum for eligibility for services. Co-signers feel strongly that before the IHS even begins to consider questions of allocation and eligibility, it must do so in consultation with Tribes, in a way that reflects the trust responsibility, consistent with principles set out in the April 3, 2009 letter from Ms. Davidson to Mr. Mandregan.

National Healthcare Reform

Co-signers support NIH efforts on national health care reform, and are committed to Alaska Native participation, e.g. by tracking and providing input on proposals impacting (1) Co-signer's program sustainability; (2) Co-signers' ability to narrow AN/AI health disparities gaps; and (3) Co-signer's health workforce development and staffing challenges.

Co-Signers feel strongly the Administration has a solemn obligation to uphold the trust responsibility, which in national healthcare reform includes at least the following:

- Assure that healthcare reform legislation fully supports and protects the Indian health delivery system;
- Assure that Indian people and Indian health programs have full opportunities to participate in and benefit from reform programs; and
- Acknowledge and respect the status of Indian Tribes as sovereign governments.

Village Built Clinic Lease Program

The IHS' Alaska Village Built Clinic (VBC) Lease Program is designed to fund rent, utilities, insurance, janitorial, and maintenance costs of healthcare facilities in over 150 rural Alaska communities. However, despite the dramatic increase in the cost of providing heating fuel and electricity, and the significant rise in the cost of complying with regulatory requirements, funding for the VBC Lease Program has not materially increased since 1996.

VBC lease payments covered less than 60% of the 2007 operating costs of these clinics. Village clinic operating costs have continued to increase sharply as energy costs skyrocket in rural Alaska. Without adequate funding for the VBC Lease Program, Alaska Tribes have had no choice but to cannibalize funding from critical health programs, defer maintenance and repairs, reduce clinic operations and lay off health staff.

Co-Signers are deeply concerned that the amount of the VBC lease payments is far less than the actual cost of operating these clinics, which are the cornerstone for Alaska's village-based health services, including the services of Clinical Health Aides, Behavioral Health Aides, Dental Health Aide Therapists and itinerant healthcare providers. ***This is creating significant hardship for over 150 villages across Alaska, posing great risk to our entire system of village-based primary care access.*** The need is an additional \$7 million.

Behavioral Health, Including Meth/Suicide Funding

Alaska has twice the national rate of suicide, and ranks second in the nation in suicide attempts requiring hospitalization. Each year, over 10% of Alaska high school students attempt suicide. Alaska Natives suicide and suicide attempt rates are much higher than for non-Natives. Alaska ranks in the top 10 nationally in heavy drinking and binge drinking. Alaska's rate of alcohol-related deaths is three times the national average. Each month, 25% of high school students engage in episodic heavy drinking. Alaska's 12-and-over illicit drug abuse rate is second in the nation. These numbers add up to high homicide, suicide and unintentional injury death rates.

Thus Co-Signers are grateful for the continued appropriation of desperately-needed funding for Meth/Suicide Prevention Program, and we are pleased that we were able to negotiate an acceptable distribution process with the IHS through our funding agreements. However, we are still troubled by the apparent trend to transmit new funding to Co-Signers through one-size-fits-all grant procedures, rather than through tribal self-determination and self-governance funding agreements, which are more efficient and flexible vehicles for meeting local health needs. While the top-down approach of using grants whenever possible is administratively convenient for IHS Headquarters, it is not consistent with the trust responsibility, nor good health policy. Rather, it creates unnecessary additional administrative costs while constricting the ability of Tribes to administer funds consistent with local needs in order to maximize services.

Domestic Violence, Sexual Assault and Child Abuse & Neglect (DV/SA/CA/CN)

Alaska ranks in the top 5 nationally in its rates of DV/SA/CA/CN: Alaska Natives are victimized 3 to 4 times more frequently than other Alaskans. Alaska's child sexual assault rate is 6 times the national average, and Alaska Native children are disproportionately victimized. 75% of Alaska Native women are physically and/or sexually assaulted during their lifetime. Alaska's rape rate is 2.4 times the national average, with Alaska Natives disproportionately victimized. Alaska leads the nation in rate of men murdering women, with Alaska Natives disproportionately victimized. Continued financial support for Tribal-State forums on domestic violence, sexual assault and child abuse & neglect (DV/SA/CA&CN) as well as increased funding for programs and shelters for Alaska Tribes are critically needed, and we also ask for your help with DOJ in this matter.

Workforce Development

Co-Signers have serious health workforce staffing shortages. Like many other rural areas of the Country, we are experiencing a large number of practitioner vacancies. The Alaska health workforce vacancy rate is now over 10% and growing, particularly for hard-to-fill positions in rural Alaska, almost all of whom are "safety net providers" who deliver substantial care to patients who are covered by Medicare, Medicaid, or who are simply uninsured. Tribal provider vacancy rates exceed statewide rates across the board, typically by 150-200%. The challenges are daunting: The average time it takes for a Tribal health provider to fill a physician vacancy is 14 months, at an average cost \$131,000 (including locum tenens costs). The average time to fill a mid-level vacancy is 6 months, while the average length of employment is only 2 years. We thank the IHS for ARRA funding for the Nome hospital and FY2010 appropriation amounts for the Barrow hospital. We support full funding for staffing packages for these hospitals.

Cancer Care Funding

In Alaska Native villages, cancer leaves an immense and painful mark:

- Cancer is the leading cause of death for our people. From 1998-2003, our cancer death rate was 20%. Factors contributing to this include late stage diagnosis, access to screening, travel and distance to treatment and care related services. Over 300 Alaska Natives are diagnosed with cancer each year, and the numbers are increasing each year.
- Our cancer death rate increased while the US cancer death rate decreased throughout the 1990s. The five-year cancer survival rate for Alaska Natives, estimated at 38%, is significantly lower than the overall US projected five-year cancer survival rate of 66%.
- For the years 1999-2003, the five most frequently diagnosed cancers for women and men combined were colon/rectum, lung, breast, prostate, and stomach; lung cancer in Alaska Natives exceeds the rate for U.S. Whites among men and women by 48%.
- Alaska Native women have the highest cancer death rate of all racial and ethnic groups, while Alaska Native men rank third after African American and Hawaiian men.

Our vision is that Alaska Natives are cancer-free and we ask for your help in making this a national priority by inviting you to come to Alaska to discuss the factors and effects of cancer on our families, villages, and health care services and strategies for achieving that objective. Co-signers particularly feel strongly that there is a pressing need for better support for colorectal cancer screening and mammography services from the IHS and the National Cancer Institute.

Tribal Partnership on Budget Information and Processes

Co-Signers object to the embargo on budget information. We feel there should be an exception to the embargo for Tribes as Tribes administer more than half of the IHS funding. Leaving Tribes out of much of the budget process eliminates essential input from Tribes who are administering the majority of the budgeted funds. Also, Co-Signers are concerned that ARRA EHR funds aren't being distributed through the tribal self-determination and self-governance funding agreements, and we strongly urge the IHS and other agencies to carry out ARRA in a manner consistent with the treaties, laws, regulations and Executive Orders requiring tribal consultation, consistent with the trust responsibility.

Dental Health Aide Therapist (DHAT) Program Funding

Alaska Natives, especially children, continue to be plagued by oral health disparities. Alaska Native children suffer a dental caries rate of 2.5 times the national average. We have been working to narrow this disparity by trying to fill vacant dental positions and extend truly high quality dental care out to Alaska Native villages through development of the innovative Dental Health Aide Therapy (DHAT) training program with support from the Kellogg Foundation. This was the first such program in the U.S.. DHATs are certified by the IHS Community Health Aide Program Certification Board. The IHS has been an important partner with Alaska Co-Signers in the development of the DHAT program, and we urge your continued support for partnering with Alaska Co-signers to build and develop this mid-level model of dental care that works, and that hold great promise for reducing dental health disparities on a national scale.

Water & Sanitation, e.g. sanitation infrastructure, and reducing infectious diseases

Many Alaska Native homes in rural Alaska do not have safe drinking water, and/or need fundamental improvements to their water, sanitation or solid waste systems to meet basic sanitation standards. In villages with the lowest level of water service, 1 in 3 infants are hospitalized each year for lower respiratory tract infections. Infants in villages with limited water service have 11 times the rate of hospitalization for pneumonia of all U.S. infants. Southwest Alaska, predominantly Alaska Native, suffers from some of the highest rates of meningitis, pneumonia, and serious ear and blood infections in the world, due to lack of in-home water.

We invite the IHS to continue to work with other agencies such as the Dept. of Agriculture, CDC, HRSA, the National Institute of Child Health and Human Development, the National Institute of Allergy & Infectious Diseases and the National Institute of Environmental Health Sciences to partner with Co-Signers on health disparities associated with inadequate water and sanitation.

Diabetes and Heart Disease, Including Obesity

Alaska Natives suffer significant and increasing rates of diabetes, heart disease, and obesity. Co-Signers ask for your help to invite HHS agencies such as CDC, HRSA, the Office of Minority Health, and the NIH's Office of Disease Prevention NIH's National Institute of Diabetes and Digestive and Kidney Diseases to partner with Alaska Tribal health entities and other Alaska stakeholders to work together to help improve Alaska Native health disparities in diabetes, heart disease, and obesity through preventive care options and other treatments.

Elder Care, Including Home & Community-Based and Long-Term Care

The Alaska Native Elder population is growing quickly, and it is becoming increasingly difficult for Co-Signers to care for their Elders' medical and support needs appropriately at the home and community level, especially in rural areas. Co-Signers are concerned about the need for better support for end-of-life care, which often puts a big strain on the family and community. We are also troubled that in Alaska, injuries to Elders due to falls far exceeds the national average, and we continue to struggle to figure out how to lower this number.

Several Co-Signers are actively developing and even building long-term care facilities to serve Alaska Native Elders with higher levels of need, as well as those with debilitating chronic conditions. We urge the IHS to exercise its statutory authorities in a manner that facilitates development of this necessary level of care as close to home and community as possible.