

IMPROVING HEALTH CARE ACCESS IN NATIVE AMERICAN COMMUNITIES: WHAT CAN TRIBES DO?

A REPORT TO

THE NATHAN CUMMINGS FOUNDATION

EXECUTIVE SUMMARY



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Executive Summary

American Indian and Alaska Native (AI/AN) populations located on Indian reservations and in Alaska Native communities have among the worst indices of good health and the poorest access to quality health care in the United States. Poor health has ripple effects within these communities, draining them of human and financial resources, complicating educational programs and economic development, and undermining the cross-generational transfer of culture and kinship.

For nearly a century, the primary provider of health care in Native communities has been the U.S. government. Since 1955, the federal agency responsible for Native American health has been the Indian Health Service (IHS). While IHS efforts have been productive in such areas as the treatment of infectious diseases, massive health challenges remain, and it has been less effective in addressing chronic and behavioral health problems. This has to do in part with debilitating underfunding, in part with organizational issues, and in part with the extreme poverty and other problems prevalent in many of these communities.

However, since the mid-1970s and particularly over the last decade and a half, a growing number of American Indian nations, determined to improve health conditions and working within changing federal policy frameworks, have been taking over the management of portions—in some cases, nearly all—of their health care delivery systems. Today, half or more of the IHS budget is spent by Indian nations as opposed to directly by IHS, and the majority of IHS facilities are operated under some degree of tribal control.

We know relatively little about the effects of this development on either Native American access to quality health care or on health outcomes. Studying effects on health outcomes requires relatively long time horizons; this report undertakes a more modest task: to summarize what we know about the effect of tribal management on access to health care. We pursue this topic through a review of extant literatures and through eighteen interviews with tribal and other health professionals and other knowledgeable people.

Tribal management of health care faces a daunting set of obstacles. We address four of them in some detail, using extant literatures and our own knowledge of the field: the funding challenge; the institutional challenge, which has to do with creating governance environments capable of supporting and sustaining quality health care delivery; the challenge of bringing cultural competence into health care, something of great importance to Indian nations and of neglected importance in many efforts to improve access to care on reservations; and the scarcity of information on models of tribal management and their effects on health care access.

Tribal interviewees focused on a particular set of themes:

- Tribal management of health services improves access to care... but patient compliance remains an issue.
- Tribal management means trying to do more with fewer resources... but tribes are penalized for success.
- Better and wider use of technology could further improve access... but infrastructural and resource issues stand in the way.
- Tribal management of health services increases access... but will tribal management—and particularly tribal funding of health care—weaken treaty rights or the federal trust responsibility?
- As tribal control increases, tribes can shift the focus of health care programs from IHS priorities to their own... but IHS is sometimes unsupportive of new tribal programs—or of tribal management of health care.
- Tribal health care professionals want to learn what other nations are doing in the health care arena... but there is little communication among them on these issues.
- Location affects access.
- Lack of knowledge among non-tribal governments about tribal sovereignty hinders the effectiveness of tribal control.

Interviewees from other organizations focused largely on the benefits and challenges of tribal management of health services. The primary benefits they identified were these:

- Tribal control is an expression of sovereignty.
- Where tribes have funds and capacity, tribal control improves access.
- Under tribal control, small tribes can pool resources—financial, human, and infrastructural—to meet their citizens’ needs.
- Third party billing and supplementary funding can increase resources and allow tribes programmatic flexibility.

The primary challenges they identified were these:

- The funding issue cuts both ways—tribes with discretionary funds can improve delivery by taking over management; tribes without such funds who take over underfunded programs may be blamed for programmatic inadequacies.
- IHS support for tribal management is inconsistent.
- Tribal management of health care requires strong tribal governance and management capacities.

In conclusion, there is a significant body of informed opinion—that is, from professionals in the tribal health field—and substantial case evidence that tribal management of health care services improves access to quality health care. However, the linkage is not automatic. Tribal assumptions of health care management do not lead automatically to improved access. Taking over control of health services is only the beginning. Tribes that move in this direction face a daunting set of challenges.

Some of those challenges—such as funding—are particularly difficult and are beyond the control of many Indian nations. But others, such as the institutional challenge, the challenge of improving cultural competence, and the challenge of reorienting resources to focus on tribal priorities—these and others can be addressed by determined, capable Indian nations.

One thing that would help is more evidence of what’s working in tribally managed health care and on whether and how Indian nations are improving access to effective health services under difficult conditions. Systematic information on these issues would provide concrete, usable insights to nations faced with major policy decisions in this critical arena.