Teaching Notes

The Indian Health Paradox

by

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Issues/Topics case includes:

1. History of Indian health care delivery systems.
2. The legal authority for federal health care delivery.
3. Measuring health care improvements, challenges.
4. Direct services provided by IHS under treaty & trust obligations.
5. Innovative approaches to delivering health care services.

Case Objectives:

1. To help students understand the complexity of health care delivery to American Indians and Alaska Natives.
2. To provide students with the tools to debate alternatives and consider options to deliver health care services to a Native American community.
3. To consider American Indian/Alaska Native health trends over a longer time horizon and then question the effectiveness of delivery systems.

Audience:

This case is suitable for students in college classes and especially appropriate for classes in Native American studies, law, history, health care policy, communications, ethics, media, political science, sociology, and public administration.

Suggested implementation:

The case can be taught in a variety of ways. If the students read the case ahead of the class, it can be done in a 1 hour class with the students working on discussion questions. Ideally students would debate both sides of the issue.

Discussion questions (more than one group could debate these same two questions).

Group 1: Making the case for federal delivery of Indian health care services. Discussion would consider the historical record, the improvements (and shortcomings) made to Indian health service since its transfer from the Bureau of Indian Affairs. Then consider what would be required to improve Indian health conditions to near parity with the general population. What resources are required? What changes are required in lifestyle, communications, governance? What's a business plan look like for the Indian Health Service in the 21st century? What role should tribes play in demanding better service, funding for Indian Health Service? What strategies could be developed to secure better funding for Congress? Are there other alternatives?

Group 2: Making the case for an alternative to the delivery of Indian health care services. Discussion would consider the historical record, the improvements (and shortcomings) made to Indian health service since its transfer from the Bureau of Indian Affairs. Then consider what would be required to improve Indian health conditions to near parity with the general population. What resources are required? What changes are required in lifestyle, communications, governance? Would community health programs be improved with by contracting current health programs? Would a community health center work? If so, what would be the reaction to serving non-Indians at the center? Would people believe that additional funding is part of the equation? What does a business plan look like for a community health center? How much fund raising would be required -- and what are possible sources for new money? Does this approach give Congress an excuse to not fund IHS? What about other alternatives?

Group 3: How can governance improve either direct care or a contract facility? After patient surveys, the Alaska Native Medical Center made it a priority to reduce patient waiting times before seeing a provider. Could that work within an IHS facility? What it require more involvement in the federal delivery by tribal health boards or other oversight panels? The Community Health Center model requires that 51 percent of the board be made up of patients who actually use the facility. Would this improve service for all?

FURTHER STUDY

Two areas are rich for further study.

First, this paper does not address Urban Indian health programs. That too is a paradox: Urban Indians make up some two-thirds of the American Indian/Alaska Native populations and receive only about 1 percent of the IHS funding (except in Alaska).

Second, health care reform under the Patient Protection and Affordable Care Act has huge implications over the next decade for the Indian health care system. Will tribes be required, as employers, to provide health care? If so, which system will benefit more: the IHS or the community health centers? Students could explore the exemption from the individual insurance mandate -- does this provision help or hinder the Indian health system?

REFERENCES

Bergman, A. B., Grossman, D. C., Erdrich, A. M., Todd, J. G., & Forquera, R. (1999). A Political History of the Indian Health Service. *The Milbank Quarterly*, *77*(4), 571-604. doi: 10.1111/1468-0009.00152

Rife, J. P., & Dellapenna, A. J. (2009). *Caring & curing: a history of the Indian Health Service*. [Landover, Md.]: PHS Commissioned Officers Foundation for the Advancement of Public Health.

Shelton, J.D., M.A., B. L. (2004, February). *Issue Brief, Kaiser Family Foundation* [Scholarly project]. In *Legal and Historical Roots of Health Care for American Indians and Alaska Natives in the United States*. Retrieved from *www.kff.org*

The Indian Health Service Fact Sheets. (n.d.). Retrieved December 21, 2010, from http://info.ihs.gov/