American Indian Behavioral Health in Arizona—Policy and Cultural Considerations

Cultural Competency & Health Disparities
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American Indian Behavioral Health

Overview

- US Health Policy
- AI Health Disparities
- AI Resource Disparities
- AI BH Policy Issues in Arizona
- Cultural Considerations
Health Policy Defined:

- Do people have a legal right to healthcare in the US?
- Over $1.5 trillion spent annually on healthcare in the US
- Over 45 million uninsured people in the US
Health Policy Defined:

- *Health Policies* determine *who* gets health services, *what* those services are and *how* those services are delivered

- Health Law is the basis for Health Policy Development

- AIHP represents a complex interaction among governments, agencies and industry
## Life Expectancy in Years:

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>73.2</td>
<td>79.6</td>
<td>76.5</td>
</tr>
<tr>
<td>AI/AN</td>
<td>66.1</td>
<td>74.4</td>
<td>70.6</td>
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</tbody>
</table>

**Disparity:**
- 7.1
- 5.2
- 5.9

## Average Age of Death in AZ:
- 72.2 General Population
- **54.7** AI Population
AI Health Disparities

Death rates from *preventable diseases* among AIs are significantly higher than among non-Indians:

- Diabetes 291% greater
- Alcoholism 638% greater
- Accidents 215% greater
- Suicide 91% greater
Diabetes Death Rates
(Rate/Per 100,000 Population)

US All Races: 13.5
IHS Total: 52.8
Phoenix Area: 81
Alcohol Related Death Rates
(Rate/Per 100,000 Population)

US All Races: 6.3
IHS Total: 46.5
Phoenix Area: 68
Diabetes-Depression-Alcoholism Triad

Diabetes → Depression → Alcoholism
Diabetes-Depression-Alcoholism Triad

- Diabetes
- Depression
- Alcoholism

AHCCCS
RBHA
Leading Causes of Death
Ages 1-4

Death Rates Per 100,000 Population

- Pneu/Infl
- Heart
- Homicide
- Anomaly
- Injuries

US All
AIAN
Leading Causes of Death
Ages 5-14

Death Rates Per 100,000 Population
AI Demographics

• Over 2 million *American Indian Only* in 2000 Census
• Over 4 million *AI and ‘other’* in 2000 Census
• Approximately 300,000 in Arizona
• ~60% of AI people live in urban areas
• >60,000 AI people live in Phoenix
• Nearly 100,000 AI people live in Phoenix Metro Area
• Over 560 federally recognized AI/AN tribes—22 Tribes in Arizona
1492
America Discovered
1890
The Vanquished Indian
American Indian, Eskimo, and Aleut Persons
AIIs in ARIZONA

• >1/4 of Land Base
• 22 Tribes
• ~300,000 Residents

TIMELINE:
• Statehood 1912
• Citizenship 1924
• Voting Rights 1948
AI Resource Disparities

Per capita medical expenditures in 2005 federal budget:

- Indian Health Service $2,130
- Medicaid recipients $5,010
- VA beneficiaries $5,234
- Medicare $7,631
- Bureau of Prisons $3,985
AI Healthcare Resource Disparities

- I.H.S: $2,130
- Bureau of Prisons: $3,985
- Medicaid: $5,010
- VA: $5,234
- Medicare: $7,631
AZ Indian Health System 1955-1975
AZ Indian Health System 1975-1985

IHS
Federal

PL 93-638
Tribal
The AZ Public Behavioral Health Managed Care RBHA System

- Health plans contract with AHCCCS to provide health care for low-income clients
- ADHS contracts with AHCCCS to administer the behavioral health care carve-out system
- Administrative entities called Regional Behavioral Health Authorities (RBHA) contract with the ADHS/DBHS to administer the behavioral health system—Tribes contract via intergovernmental agreements
Summary of Funding Streams for RBHA/TRBHA

Title XIX & XXI Funding → State Subvention $ → Block Grants → Medicaid Pass-Through

AHCCCS → BH Carve-out → ADHS

HealthPlans (APIPA, IHS-AHCCCS, etc) → Medical Service Providers

TRBHAs

DBHS

RBHAs

BH Service Providers

Tribal & Non-Profit Grants
The T/RBHA system is arranged by geographic service areas (GSA)

TRBHAs GSA is typically the reservation

RBHAs typically serve GSAs that are county specific

Tribes without TRBHAs are served by an assigned RBHA, e.g., Magellan serves Salt River and Ft McDowell
RBHA System Map (GSA)
How T/RBHAs Provide Care

- T/RBHAs provide MH and S/A treatment via contracting with providers form a network of services that clients are referred to—T/RBHAs authorize those services.

- RBHAs revenues are capitated and TRBHAs operate on a fee-for-services basis.

- RBHAs serve clients in their GSA only.

- TRBHAs provide care to their GSA and to tribal members who live on or off of the reservation (GRIC, NN, PYT, CRIT).
CULTURAL COMPETENCE

Definitions

• **Culture:** The totality of socially transmitted behavioral patterns, beliefs, values, customs and thought characteristics of a population that guides world view and decision making.

• **Cultural Competence:** The ability of systems to provide services to clients with diverse values beliefs and behaviors, including tailoring services to meet clients’ social, cultural and linguistic needs.
CULTURAL COMPETENCE

Purnell’s Model:

Person, Family, Community, Society

- Unconsciously incompetent
- Consciously incompetent
- Consciously competent
- Unconsciously competent
A BRIEF HISTORY OF MEDICINE

• 2000BC — Here, eat this root
• 1000AD — That root is heathen, here say this prayer
• 1800AD — That prayer is superstition, here drink this potion
• 1900AD — That potion is snake oil, here swallow this pill
• 1950AD — That pill is ineffective, here take this antibiotic
• 2000AD — That antibiotic is artificial, here eat this root
Medicine Wheel & Cultural Competence

MENTAL

PHYSICAL

SPIRITUAL

EMOTIONAL
MODERN  TRADITIONAL

• Model Allopathic Holistic
<table>
<thead>
<tr>
<th>MODERN</th>
<th>TRADITIONAL</th>
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<tbody>
<tr>
<td>Provider</td>
<td>Physician</td>
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<td></td>
<td>Healer</td>
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Rick Two Dogs

We need to understand that the primary reason our people are so afflicted with addiction, poverty, abuse and strife, is that our way of life was taken from us. Everything was taken. And nothing was replaced.

Wounded Warriors: A Time For Healing, 1995
Substance Abuse and the Medicine Wheel

• *What greater grief than the loss of one’s native land*

• Euripides
  485-406 B.C.
MEDICINE WHEEL and Alcohol Abuse

DECISIONS

VALUES

ACTIONS

REACTIONS
MEDICINE WHEEL and Alcohol Abuse

DECISIONS

DRINK ALCOHOL

NEGATIVE EMOTIONS
MEDICINE WHEEL

MENTAL

PHYSICAL  SPIRITUAL

EMOTIONAL
Of course it was not I who cured. It was the power from the outer world, and the visions and ceremonies had only made me like a hole through which the power could come to the two-leggeds. If I thought that I was doing it myself, the hole would close up and no power could come through.