

Northwest Tribes Reap Benefits of Health Policy Collaborations

Julia Davis and Joe Finkbonner

Tribes in the Northwest have made great strides in health care policymaking over the past five years by working collectively on health issues. The chronic underfunding of the Indian Health Service and the demise of initiatives for national health reform and Medicaid reform have prompted tribes to become active on state health care issues. Through our health organizations and the Affiliated Tribes of Northwest Indians, tribes have affected health policy in Alaska, Montana, Oregon, Washington, Idaho, and California.

The ability of tribal governments to collaborate on health policy dates to the formation of the Northwest Portland Area Indian Health Board in 1972 (40 of 41 Northwest tribes are members). The main focus of tribal efforts is to ensure that the federal government honors its trust obligation for health care for American Indians and Alaska Natives.

Tribes have increasingly used state-administered Medi-caid programs to supplement the funding received from the federal government. The federal medical assistance payment (FMAP) is 100% for services that Indian health programs provide to American Indians and Alaska Natives. Thus, because of the federal trust responsibility, the states are fully reimbursed for the costs of services provided by Indian health programs (except for urban Indian health programs, which are not included in the 100% FMAP). The annual savings for the Medicaid budgets of the states of Washington, Oregon, and Idaho exceeds \$20 million.

The opportunity for future successes in health policy is great because Northwest tribes meet regularly with state Medicaid and other health and social service agencies. In Washington, the American Indian Health Commission meets with the Medical Assistance Administration and the Department of Health to identify and work

collaboratively on health issues. In Oregon and Idaho, tribes meet quarterly with their respective health agencies. In each state, the Northwest Portland Area Indian Health Board facilitates these meetings. Changes in policies and reimbursement methods have brought improvements in public health and in personal, dental, and mental health. Despite some continuing difficulties, we believe tribes are encouraged with the results and are optimistic that issues raised in these regularly scheduled meetings will be addressed.

The brightest ray of hope arises from Indian Country itself. On reservations across the Northwest, tribes are stepping forward to address health issues directly. The Indian health system is one of the few remaining public health systems that follows the community health care model. In recent years Indian health has been strengthened through the expansion of the cultural and spiritual aspects of holistic health.

The greatest success in protecting the viability of Indian health programs is that tribes and states have established policies that allow tribes to continue to operate their health programs outside the managed care environment. A testament to the success of this model is the number of requests from both tribal and state staffs for information on the model and the issues addressed. We have shared the story of our success and struggles with tribes from Alaska to the Southwest, including the Pueblos of New Mexico and the Navajo Nation.

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