

**California State Office of Rural Health  
Primary and Rural Health Division**



**Strengthening and Sustaining Indian  
Health Clinic Rural Delivery Systems**

Region D Meeting  
May 24-25, 2011  
Henderson, Nevada



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**California State Office of Rural  
Health (CaSORH)**

Objectives:

- Coordinate rural health services resources
- Strengthen Federal, State, local partnerships
- Disseminate Information to rural health providers
- Link resources

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**Evaluation/Impact**

- Examine provider health care delivery networks
- Assess evolving issues
- Direct resources where SORH can assist and fill gaps
- Plan CaSORH activities that will have the biggest impact
- Determine where CaSORH can make differences with restrictions in state or federal budget or regulations

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## Major Activities

### Strengthen and Sustain Indian Health Clinic Rural Delivery Systems

- American Indian Infant Health Initiative (AIIHI)
- Emergency Preparedness
- Medicaid (Medi-Cal) Notifications and Trainings
- HRSA/CMS/CalSORH Joint Meetings

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## Snapshot: Indian Profile in California

- Population: Over 720,000 American Indians (AI)
- Rural Populations: Approximately 567,000 live in rural areas
- 109 federally recognized tribes, representing approximately 20 percent of the nations approximately 500 tribal groups
- Rural Economic status: 14.4 percent families and 49.4 percent of families with a female head-of-household live below the federal poverty level

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United States Census

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## Snapshot: Indian Profile in California

- According to findings from the California Health Interview Survey (CHIS) 2009, the following health conditions reported by 179,000 adults ages 18+ in California:
  - 30.1 percent diagnosed with asthma
  - 48.7 percent diagnosed with hypertension (second to African Americans at 37.1 percent)
  - 26.4 percent diagnosed with diabetes
  - 11.6 percent Likely has had psychological distress during past year
- California Infant Mortality rate from 2003-2007 is 5.2 percent. Centers for Disease Control (CDC) reports Infant mortality for AI is 1.5 times the infant mortality rate as non-Hispanic whites. American Indian/Alaska Native infants are 3.5 times as likely as non-Hispanic white infants to have mothers who began prenatal care in the 3rd trimester or not receive prenatal care at all
- In California, tribes and reservations are at greater risk for wildfires due to their proximity and prevalence of dry brush and arid climate and thus are at increased potential of suffering from the subsequent health risks of smoke inhalation including respiratory distress and worsening of pre-existing heart<sub>6</sub> and lung conditions (EPA, American Lung Association)

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### Indian Health Clinic Network

- 38 Indian health primary care clinic corporations
- Funding sources vary and can include: federal Indian Health Service (IHS), Department of Health Care Services (DHCS) grants, county grants, third party revenue, and private foundation grants
- Located on and off Tribal lands
- Meet State licensure standards
- Governed by Tribal Councils or community elected non-profit Boards of Directors

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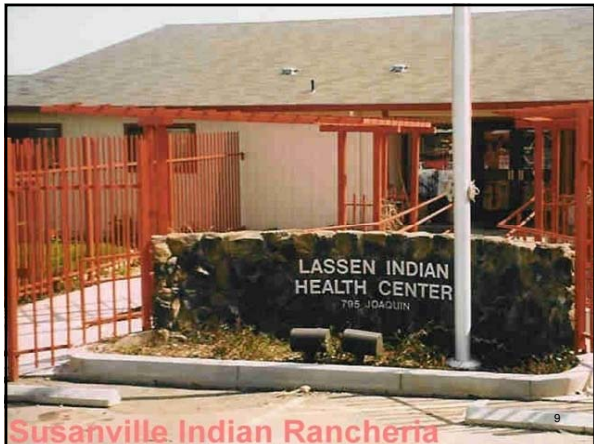
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## Indian Health Clinic Services

- Indian health clinics in California provide comprehensive primary care services including:
  - Medical
  - Dental
  - Behavioral Health
  - Public Health Nursing
- Care providers include Doctors, Dentists, Public Health Nurses, Mental Health Practitioners, and Community Health Representatives
- Collaborate and coordinate care with hospitals, public health departments, and specialists

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## Tribal Health Programs and Urban Indian Health Clinics (2009)



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## American Indian Infant Health Initiative (AIIHI)

- Provides home visitation support services and basic health care instruction to high-risk pregnant and parenting American Indian families
- AIIHI provides interventions aimed at reducing infant mortality and teen pregnancy as well as facilitating early entry into prenatal care
- AIIHI is administered in five counties where State data revealed the highest rates of poor Indian Maternal, Child Health outcomes
- CalSORH supports the development of educational and training materials

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## Emergency Preparedness Collaboration

Partners: Federal, State & Local Agencies:

- Indian Health Services
- California Department of Public Health
- California Emergency Management Services Authority
- Governor's Office
- DHCS
- California Primary Care Association
- Native American Alliance for Emergency Preparedness (NAAEP), Health, and
- Tribal Emergency Management Council (TEMC)
- County services

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## Emergency Preparedness Collaboration

- Provide training and technical assistance to Indian health clinics, Tribal leaders, and Indian communities regarding emergency preparedness and response
- Fits into the county's plans
- Allows for coordination with other health care providers

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## Emergency Preparedness Collaboration

### CalSORH Supports:

- On-site technical assistance and training to tribes and clinic staff:
  - Development of clinic emergency plans
  - Desk top exercises
  - Development of community notification plans, and
  - Coordination of resources with essential community county partners
- Provide training to Tribal Leaders via the IHS' Annual Tribal Leaders Meeting

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## Medicaid (Medi-Cal) & Medicare Related Activities

- Medi-Cal Proposed Change Notices (State Plan Amendment)
- California Tribal Health Workshop on Federal and State Resources (HRSA/CMS/CalSORH)
- Medi-Cal Staff Training Video

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### Medi-Cal Indian Health

- Tribal Indian Clinics
  - Paid \$48.8 million
  - Average \$4 million per month
- Medicaid optional benefits were reduced by State and Tribal Indian Clinics are not reimbursed for these services
- Tribal Health Programs are not included in the current court injunction for adult dental, chiropractic, and podiatric services for dates of services after October 18, 2010

Source: Medi-Cal FFS claims for dates of service in FY 2008-09 and paid through January 2010.

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### Medi-Cal Proposed Change Notices

American Recovery and Reinvestment Act (ARRA) requires States to seek advice on a regular, ongoing basis from designees of the Indian health programs concerning Medicaid matters having a direct effect

- Methods include:
  - Written Communication
  - Webinars
  - Face-to-face meetings
  - Teleconferences

SORH supports quarterly communication methods

- Discuss Medi-Cal changes & provide feedback
- Impact to Indian health program infrastructure and delivery of services
- Complies with ARRA requirements

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### California Tribal Health Workshop on Federal and State Resources

- FQHC certification
- Health Care Reform
- Federal Grant Opportunities
- CalSORH resources
- Tribal health program certification
- Technology –Meaningful Use

Federal, State, and Local Partners:  
Bureau of Primary Health Care, Office of Rural Health Policy, National Health Service Corp, HRSA Region 9, CMS Region 9, California Primary Care Association, California Primary Care Office

CalSORH co-sponsored training

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## Other Infrastructure Stabilization Building

- List Serve funding announcements
- Targeted notices on HIT grant opportunities
- Webinars & trainings on emerging health issues
- Webinars & trainings on proposed state or federal regulations

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## Medi-Cal Staff Training

- Medi-Cal Staff Training
- Development of a Medi-Cal Staff Training Video
- CalSORH supports T/A with DHCS staff
- CalSORH supports development of training materials

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## Thank You

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