NATIONAL COUNCIL *of*
URBAN INDIAN HEALTH

2024

Annual

POLICY ASSESSMENT

TABLE OF CONTENTS

FOCUS GROUP AND QUESTIONNAIRE PARTICIPANTS (UIOS)

Full Ambulatory

- Hunter Health (Wichita, KS)
- Indian Health Center of Santa Clara Valley (San Jose, CA)
- NARA NW (Portland, OR)
- The NATIVE Project (Spokane, WA)
- Oklahoma City Indian Clinic (Oklahoma, OK)
- Nebraska Urban Indian Clinic (Omaha, NE)
- First Nations Community Health Source (Albuquerque, NM)
- South Dakota Urban Indian Health (Sioux, SD)
- American Indian Health and Family Services, Inc. (Detroit, MI)

Limited Ambulatory

- Butte Native Wellness Center (Butte, MT)
- Urban Indian Center of Salt Lake City (Salt Lake City, UT)

Outreach and Referral

- Bakersfield American Indian Health Project (Bakersfield, CA)
- Fresno American Indian Health Project (Fresno, CA)
- Native American LifeLines of Baltimore (Baltimore, MD)
- Native American LifeLines of Boston (Boston, MA)

Outpatient and Residential

- Native American Connections (Phoenix, AZ)
- American Indian Council on Alcoholism, Inc. (Milwaukee, WI)
- Juel Fairbanks Chemical Dependency (St. Paul, MN)

PREVIOUS ASSESSMENTS/POLICY PRIORITIES

2023

- Policy Assessment
- Policy Priorities

2022

- Policy Assessment
- Policy Priorities

2021

- Policy Assessment

INTRODUCTION

At the National Council of Urban Indian (NCUIH), we are devoted to the support and development of quality, accessible, and culturally competent health services for the over 70% of American Indian and Alaska Native (AI/AN) people living in urban areas.[1] For over 25 years, NCUIH has served as a national representative of the 41 Urban Indian Organizations (UIOs) contracting with the Indian Health Service (IHS) under the Indian Health Care Improvement Act (IHCIA) and the AI/AN patients they serve. As an organization, we exist to ensure that the federal trust responsibility to provide health care to AI/AN people in urban areas is honored, and that urban AI/AN people are appropriately cared for now and for generations to come.

UIOs were created by urban AI/AN people, with the support of Tribal leaders, starting in the 1950s in response to severe problems with health, education, employment, and housing caused by the federal government's forced relocation policies.[2] Congress formally incorporated UIOs into the Indian Health System in 1976 with the passage of Indian Health Care Improvement Act. UIOs are an integral part of the Indian health system, which is comprised of IHS, Tribal, and UIO facilities (collectively referred to as the I/T/U system). UIOs provide essential health care services, including primary care, behavioral health, and social and community services, to patients from over 500 Tribes in 38 urban areas across the United States.[2] There are four different UIO facility types, including full ambulatory, limited ambulatory, outreach and referral, and outpatient and residential alcohol and substance abuse treatment.

To achieve our mission in ensuring urban AI/AN people receive the highest quality of care, NCUIH collects qualitative and quantitative feedback from UIO leaders. We are pleased to share the 2024 *Policy Assessment.* This assessment was developed based on the 5 focus groups by UIO facility type between September 3-5, 2024, as well as a written survey sent out via email to all 41 UIO leaders. The focus groups and survey provided an invaluable opportunity to reflect on the achievements and challenges of 2024, fostering a deeper understanding of the progress made and the areas that require further attention.

After collecting the stories, feedback, and data – we identified a consistent theme of needs for all UIOs, ***an investment in the future***. Without the funding to maintain the essential structures in place to allow for the highest quality of culturally competent care, urban AI/AN lives are at-risk. Through this *Policy Assessment*, we will share the reflections from UIO leaders and how their needs affect their patients, staff, and broader community. These stories will serve as the catalyst for the development of the 2025 Policy Priorities, which will guide NCUIH's policy efforts for the next year.

We are thankful for the UIO leaders, congressional offices, federal agencies, coalitions, and corporate partners that continue to work tirelessly to achieve the goal of the federal government fulfilling its trust responsibility to maintain and improve the health

[1] Urban Indian Health Program | Fact Sheets, Newsroom, https://www.ihs.gov/newsroom/factsheets/uihp/ (last visited Oct 15, 2024).
[2] Indian Health Service, IHS National Budget Formulation Data Reports for Urban Indian Organizations (2023), https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/IHS_National_Budget_Formul

of AI/AN people. With the annual *Policy Assessment* and *Policy Priorities*, we can urge Congress and federal agencies to take this obligation seriously and provide the resources necessary to protect the lives of all AI/AN people, regardless of where they live.

ASSESSMENT OF KEY NEEDS

ENHANCING INFRASTRUCTURE TO SUPPORT URBAN INDIAN ORGANIZATIONS

UIOs are comprehensive healthcare facilities that require adequate and well-maintained infrastructure. Congress appropriated funding for the Indian Health Service (IHS) to conduct an infrastructure study for facilities run by UIOs, the 36-page report, released on February 22, 2024, highlights critical deficiencies faced by UIOs and outlines the resources needed to address these deficiencies by 2032. According to the report, UIOs will need an additional 2.75 million building gross square feet (BGSF) to meet their service goals—a need confirmed by UIO leaders.[3] Lack of space was identified as one of the top five policy priorities in survey responses, with leaders emphasizing how space limitations hinder their ability to provide essential services, from addressing food insecurity to offering cancer screenings.

In addition to the need for more space, UIOs face significant challenges in upgrading or modifying their existing facilities. This issue is especially acute for those operating in leased spaces, where there are limited opportunities to adapt the structure to meet community needs. Currently, 11 UIOs are fully dependent on leased facilities, and the existing 1.1 million owned BGSF only meets 21 percent of the 5.2 million BGSF required to fulfill service goals by 2032.[4] One limited ambulatory UIO , whose facility is leased, explained that they are unable to offer certain community-requested services until they can purchase their own facility.

IHS estimates that UIOs will need approximately $2.95 billion to acquire additional space. UIO leaders have indicated that a lack of capital funding remains a significant barrier to addressing these infrastructure needs, a challenge compounded by the fact that Congress does not currently allocate any funding specifically for UIO facility construction. UIOs are comprehensive healthcare facilities that need appropriate and maintained infrastructure to serve its operational purposes of improving the health of urban AI/AN people.

CLOSING FUNDING GAPS FOR URBAN INDIAN ORGANIZATIONS

UIOs are primarily funded through a single line item in the IHS budget, the Urban Indian Health line item, and the chronic underfunding of this line item, limits the ability of UIOs to fully address the needs of their patients. In fact, IHS estimates that to

[3] U.S. Department of Health and Human Services, Indian Health Service, Office of Urban Indian Health Programs, Report to Congress, Urban Indian Organization Infrastructure Study, Fiscal Year 2023, Public Law No. 116-260, 2024. Urban Indian Organization Infrastructure Study Report to Congress FY 2023 (govinfo.gov)
[4] U.S. Department of Health and Human Services, Indian Health Service, Office of Urban Indian Health Programs, Report to Congress, Urban Indian Organization Infrastructure Study, Fiscal Year 2023, Public Law No. 116-260, 2024. Urban Indian Organization Infrastructure Study Report to Congress FY 2023 (govinfo.gov)

fully support UIOs and the urban AI/AN population funding would need to increase by $1.37 billion annually.[5] Since current Congressional appropriations fall short of UIO needs, many UIOs depend on third-party funding to maintain critical services. During the assessment process, UIO leaders emphasized the need for policy changes that would help increase third-party funding to their facilities. These changes include amending the Social Security Act to set the federal medical assistance percentage (FMAP) at 100 percent for Medicaid beneficiaries receiving services at UIOs and a supporting mechanism to allow UIOs to receive Medicaid reimbursement for Traditional Healing services. These changes are essential to ensuring UIOs can continue to provide comprehensive care to their communities.

Achieving Parity: Extending 100% FMAP to Urban Indian Organizations

The Federal Medical Assistance Percentage (FMAP) is the percentage amount that the federal government reimburses to states for Medicaid-covered services. In 1976, Congress amended section 1905(b) of the Social Security Act to set the FMAP at 100% for Medicaid services "received through an Indian Health Service facility whether operated by the Indian Health Service or by an Indian tribe or Tribal organization." Unfortunately, despite being an integral part of the Indian healthcare system, UIOs were overlooked in this amendment, meaning the federal government covers 100% of the cost of Medicaid services provided to AI/AN beneficiaries at Tribal and IHS facilities, but not at UIOs. The federal government, not the states, has a trust responsibility to provide for the healthcare of AI/AN people no matter where they live.[6] By failing to authorize 100% FMAP for Medicaid services provided at UIOs (100% FMAP for UIOs), the federal government is not paying its fair share for Medicaid-IHS beneficiaries receiving care at UIOs and is skirting trust responsibility.

UIO leaders overwhelmingly agree that a legislative change to provide 100% FMAP for UIOs would provide a mechanism for them to significantly improve their funding and would help achieve parity within the Indian healthcare system." One full ambulatory UIO described the potential impact of this policy change, stating, "If we have [100% FMAP for UIOs], there's so much more we could do… [it] would help make our services and programs sustainable." UIOs have consistently emphasized this as a long-standing priority, ranking it as a top three priority in every policy assessment since 2021.

Supporting Traditional Healing Services at UIOs through Medicaid Reimbursement

Healing comes in many forms at UIOs, and traditional healing services shouldn't be treated differently than other medical services – and thus be appropriately reimbursed by Medicaid. Lack of reimbursement places an undue burden on UIOs to fund Traditional

[5] *Id.*

[6] *S. Rep. No. 100-508, at 25 (1987) (stating that "The responsibility for the provision of health care . . . does not end at the borders of an Indian reservation. Rather, government relocation policies which designated certain urban areas as relocation centers for Indians, have in many instances forced Indian people who did not which to leave their reservations to relocate in urban areas, and the responsibility for the provision of health care services follows them there.").*

Healing services, several of which provide these services sometimes at a deficit. One outpatient and residential UIO shared, "[r]ight now we are bumping it through the grants that we have, and that is how we are able to pay for a traditional healer's salary. But right now, we're not recouping them, we're not billing anything. We have to get creative to pay that person's salary."

Nearly, 1/4 of adults aged 65 older are considered to be socially isolated because they are more likely to face factors such as living alone, the loss of family, or friends, chronic illness.[7] Research shows that social support for elders is shown to improve health outcomes and UIOs provide intergenerational traditional healing services to address this social isolation and loneliness in the older adult age group.[8]Many UIOs expressed that their patients desire more Traditional Healing services, especially for elders, to battle the current loneliness and social isolation crisis in that age group.

Without sustainable and consistent funding, many Traditional Healing programs are only available for a short amount of time in accordance with available funding from grants and other sources. One limited ambulatory UIO shared, "[w]e are looking to expand those [Traditional Healing services] based on where we find the funding to do that. The ability to pay for a Traditional Healer is something we would love." As of fall 2024, Arizona, California, New Mexico, and Oregon have received CMS approval of their Section 1115(a) demonstration waivers seeking Medicaid reimbursement for Traditional Healing practices offered at I/T/U facilities.[9] While the California, New Mexico and Oregon waivers explicitly include UIOs as covered facilities for Traditional Healing Medicaid reimbursement, Arizona's waiver does not explicitly include UIOs as eligible for reimbursement unless the UIO contracts with an IHS or Tribal facility.[10] Federal approval of these waivers represents a significant step forward in recognizing the value of culturally-based traditional health care practices for AI/AN people, including those living in urban areas.

STRENGTHENING THE WORKFORCE TO SUPPORT URBAN INDIAN ORGANIZATIONS

UIOs need a strong, culturally competent, and consistent workforce to be able to address the needs of their patients and communities. Throughout our focus groups and in feedback on our survey, UIO leaders expressed frustration over the lack of culturally competent providers and other workforce challenges facing their organizations. The driving factors for workforce

[7]National Indian Council on Aging, Inc, *Social Isolation & Loneliness Among American Indian Elders,* Social-Isolation-and-Loneliness-Among-AI-Elders.pdf (nyam.org)

[8]Kathleen P. Conte, Marc B. Schure & R. Turner Goins, *Correlates of Social Support in Older American Indians: The Native Elder Care Study*, 19 Aging & mental health 835 (2014).

[9] Press Release, Ctrs. for Medicare & Medicaid Serv., Biden-Harris Administration Takes Groundbreaking Action to Expand Health Care Access by Covering Traditional Health Care Practices (Oct. 16, 2024), https://www.cms.gov/newsroom/press-releases/biden-harris-administration-takes-groundbreaking-action-expand-health-care-access-covering.

[10] Letter from Daniel Tsai, Deputy Adm'r and Dir., Ctr. for Medicaid & CHIP Serv., to Carmen Heredia, Dir., Ariz. Health Care Cost Containment Sys. (Oct. 16, 2024), az-hccc-dmnstrn-apprvl-10162024.pdf, (stating that "… traditional health care practices received through IHS or Tribal facilities will be covered when provided to a Medicaid beneficiary who is able to receive services delivered by or through these qualifying providers… To be covered, the traditional health care practices must be provided by practitioners or providers who are employed by or contracted with one of these facilities (which could include an urban Indian organization contracted with an IHS or Tribal facility), in order to ensure that the practices are provided by culturally appropriate and qualified practitioners at facilities that are enrolled in Medicaid."

vacancies vary by region and facility type. A consistent concern among UIOs is the nationwide shortage of internal medicine doctors and behavioral health therapists, which has been acutely felt at UIOs, even when providing competitive salaries. One full ambulatory UIO shared their difficulty in finding staff for these specific positions due to the quantity available, "It is not an issue with salary as we conducted a salary analysis, we are competitive in this market." However, for other UIOs, provider shortages are further compounded by the challenge of competing with the salaries and benefits offered by non-IHS facilities. One outpatient and residential Treatment UIO said that, "Workforce is our greatest challenge… we need more third party pay to get a provider to stay."

UIO leaders are working through external partnerships to help fill workforce gaps. One outreach and referral UIO has established partnerships with local universities, which connect them with Native students for recruitment into intern-level positions. Other UIOs have partnerships with local nursing and medical schools to provide internships, but due to a lack of funding to support these positions, it is difficult to transition interns into full-time employees. Investing in essential workforce infrastructure remains critical to recruiting and retaining culturally competent staff, which can significantly impact the health and wellness of urban AI/AN people.

BUILDING COMMUNITY RESOURCES: ADDRESSING HOUSING, FOOD SECURITY, AND CANCER CARE

UIO leaders consistently emphasize the growing need to expand services to meet the evolving needs of their communities. UIOs are uniquely positioned to provide holistic care that addresses not only direct health concerns but also social determinants of health to urban AI/AN patients. UIOs work to provide various kinds of health care services, and many are aiming to increase service offering to become a "one-stop shop of services." One UIO leader shared, "My dream is having patients look at our clinic (UIO) and say, 'this is the right door, where you get what you need or get connections." As UIOs strive to improve the health and well-being of urban AI/AN populations, these key areas—housing, food insecurity, and cancer screening and treatment—emerged as top policy priorities to address. UIOs are taking proactive steps to fill service gaps, but they face challenges related to funding, infrastructure, and capacity. Addressing these issues is essential to fulfilling the federal trust responsibility and ensuring that UIOs can continue to meet the needs of the urban AI/AN populations they serve.

Expanding Housing Support: Addressing Affordable Housing needs in Urban AI/AN Communities

UIOs are sources of connectivity for housing referrals in the community and some UIOs even provide housing as an organization. A full ambulatory UIO shared, "We built 44 affordable housing units in 2010 in response to a community focus group request. We had to fundraise because up until a year ago, we couldn't use IHS money to renovate a building." Many UIOs have described that

the areas where their patients live are experiencing higher costs of living that is causing distress in finding affordable housing. Other UIOs have invested in emergency housing, one outpatient and residential treatment UIO described their housing investment, "We were awarded $5 million for the first UIO housing program ever. We will be able to provide modular housing that is a safe space to care for their basic needs. We also have cultural services that will be provided." Other UIOs would like to provide housing assistance in the form of emergency funds to help patients and clients who are on the verge of eviction. One full ambulatory organization shared that the flexibility to provide funds would, "help us combat so UIOs have received grant funding to provide vouchers for housing. The consensus among UIO leaders is that more supportive housing for elders, behavioral health patients, as well as sober living for families is necessary to address the trends of homelessness in their vulnerable populations. Flexibility in funding and consistent resources are essential for UIOs to adequately meet the housing needs of their communities.

Alleviating Food Insecurity in Urban AI/AN Communities

UIO leaders expressed growing concerns about food insecurity affecting their communities. A UIO leader noted, "Our community in general is a lower socioeconomic status than that rest of the larger cities in [state] and there's always greater health disparities with our Native population. I would say probably over half of our patient base experiences food insecurity." This issue was consistently reflected among UIO leaders, who are developing creative approaches to address it. One full ambulatory UIO has a resource center and noted the "astronomical" number of patients requesting food boxes. With their partnership with a local food bank, they estimate an average of 7,000 visits per month for food assistance. Many other UIOs have programming that includes breakfast and dinner as well as traditional food offerings. However, to expand their efforts in tackling food insecurity, UIOs identified the need for improved refrigeration and delivery methods. One full ambulatory UIO secured grant funding and donations that allowed them to purchase refrigerators to store perishable food items, as well as refrigerated delivery trucks to provide their patients with nutritious foods.

The lack of investment in food security programming is detrimental to the patients UIO serve. Despite the clear need to address this social determinant of health, confusion around grant funding and uses for "cultural services" has led to short-term solutions and inconsistencies for some UIOs. For example, one limited ambulatory UIO had started an Indigenous Meal Kit program, offering weekly recipes along with the ingredients needed to make them, in an effort to help people connect with their cultures and eat healthy. Yet because they didn't have the funding to sustain the program it only lasted three months. Many UIOs agreed that federal partners, including IHS and the Centers for Disease Control and Prevention (CDC), should clarify when food purchases are permissible uses of programmatic funding, emphasizing that "flexible budgets are so important for food."

Some UIOs are addressing the need for access to healthy fruits, vegetables, and herbs through community gardens or partnerships with local farmers. One Outreach and Referral UIO shared that during COVID-19 lockdowns their patients were "less concerned with contracting COVID, but instead they were concerned about their basic needs like food." In response, they partnered with local farmers to provide fresh, nutritious food and distributed seeds and seedlings so community members could

start their own gardens. While UIOs have developed innovative programs and partnerships to address this issue, sustainable funding is essential for long-term success.

Combating Cancer Disparities: Improving Prevention, Screening, and Treatment for Urban AI/AN Communities

AI/AN people are disproportionately affected by cancer, as cancer is the leading cause of death among AI/AN women and the second leading cause of death among AI/AN men.[11,12] In order to improve the health outcomes of urban AI/AN people with cancer, it is important we invest in the infrastructure that can catch cancer early and treat the cancer to increase survivability.

One full ambulatory UIO shared that, "Cancer has outpaced heart disease as major killer in [state] which is extraordinary, but when you consider the environment and the role it plays, it makes sense." One outpatient and residential UIO agreed with cancer being closely related to the environment, "Our air quality is probably one of the worst air qualities in the state. We also have poor quality of foods… that leads to a cycle of very bad health for our community members." Another full ambulatory UIO shared that cancer continues to be a top priority, given that their oncologist on staff is diagnosing around twenty new cases of cancer per month. One UIO leader noted that cancer is becoming the "new diabetes" in Indian Country.

With the identified need for cancer prevention, screening, and treatment, UIOs are working to make connections with cancer resources and finding funds to serve their communities. One limited ambulatory UIO shared that their organization often does referrals to other cancer programs, but they do receive grant funding to support genetic testing for cancer as well as other types of screening. Another full ambulatory UIO shared that they worked with a local university hospital system that allowed them to host clinic screening events where patients can be screened and referred to the appropriate care. Yet, this kind of care requires a large upfront investment in infrastructure. For example, one full ambulatory UIO has created space for screening that has cost the organization a quarter of a million dollars.

In the past fiscal year (FY24), a new program was introduced by Congress to provide funding for a National Cancer Institute Designated Cancer Centers focused on improving Native cancer outcomes. From the stories and reflections from UIO leaders and the attention to issues from Congress, the investment in this growing issue is necessary.

[11] Elizabeth Arias, Kenneth Kochanek, & Farida B Ahmad, *Provisional Life Expectancy Estimates for 2021*, Vital Statistics Rapid Release, Report 23, August 2022. Vital Statistics Rapid Release, Number 023 (August 2022) (cdc.gov)
[12] *Id.*

NCUIH ACTION

NCUIH is using the information and context obtained from the assessment process to create a policy strategy and determine NCUIH's federal and congressional policy priorities for 2024. NCUIH will also use this information to create informational resources, such as handouts, about major issues impacting UIOs and urban AI/AN health that will be distributed to relevant federal agencies and Congress as well as external partners.

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