

California P.L. 638 Rural Programs



Note: Map not to scale.

Urban Health Programs

American Indian Free Clinic
9500 Artesia Blvd.
Bellflower, CA 90706

American Indian Council of Central California
P.O. Box 3341
Bakersfield, CA 93301

Indian Health Center of Santa Clara Valley
1333 Meridian Avenue
San Jose, CA 95125-5250

Sacramento Urban Indian Health
2020 J Street
Sacramento, CA 95814

San Diego American Indian Health
2561 First Avenue
San Diego, CA 92130

Urban Indian Health Board
3124 East 14th Street
Oakland, CA 94601

Figure 4.3: Cumulative "Equity" Allocations 1981-1987

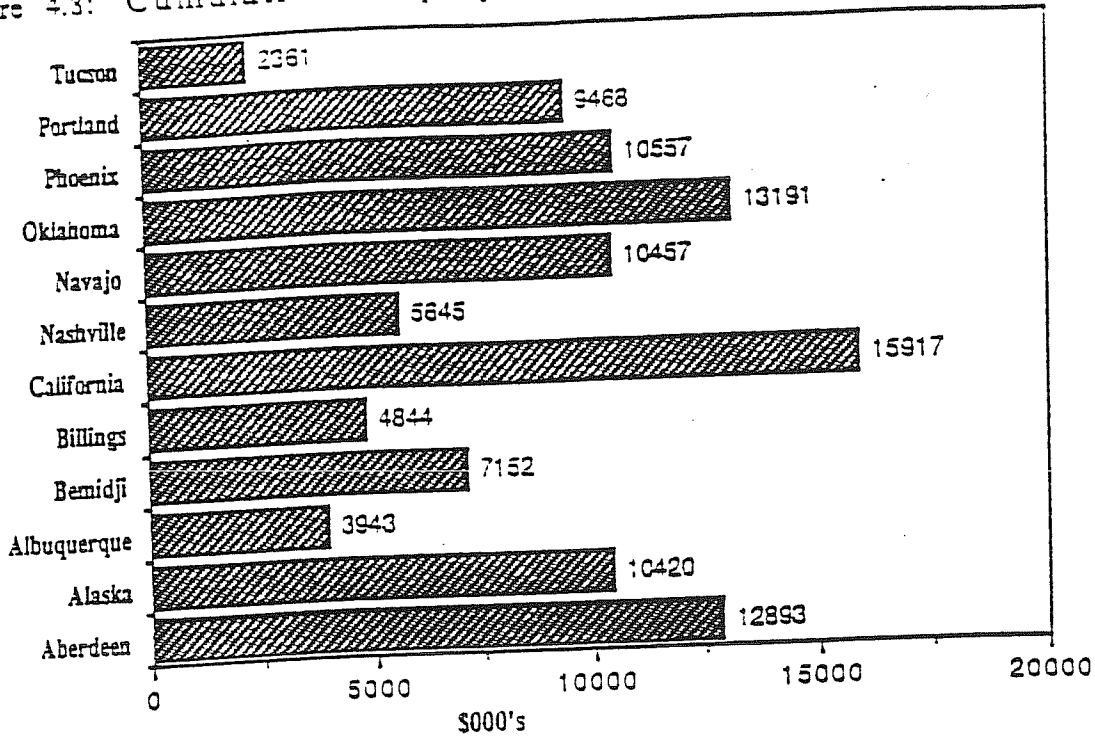
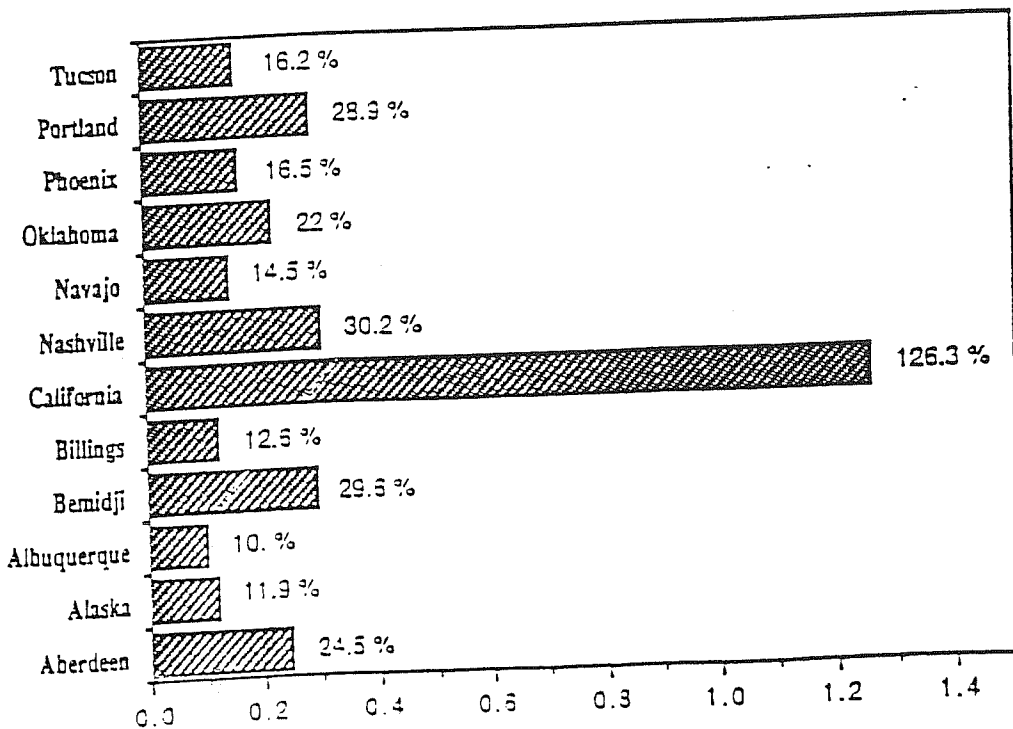
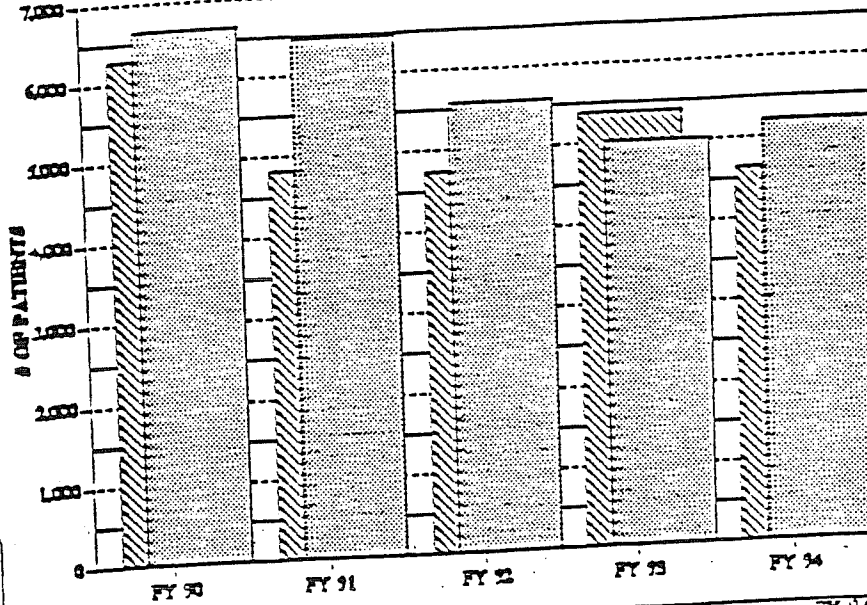


Figure 4.9: Percentage Increase In H&C and CHS Funding Due to Formula Allocations 1980-1987



California Area Office 1994/95 Profile

CALIFORNIA REGISTRATION FY 90 - 94, CALIFORNIA URBAN PROGRAMS

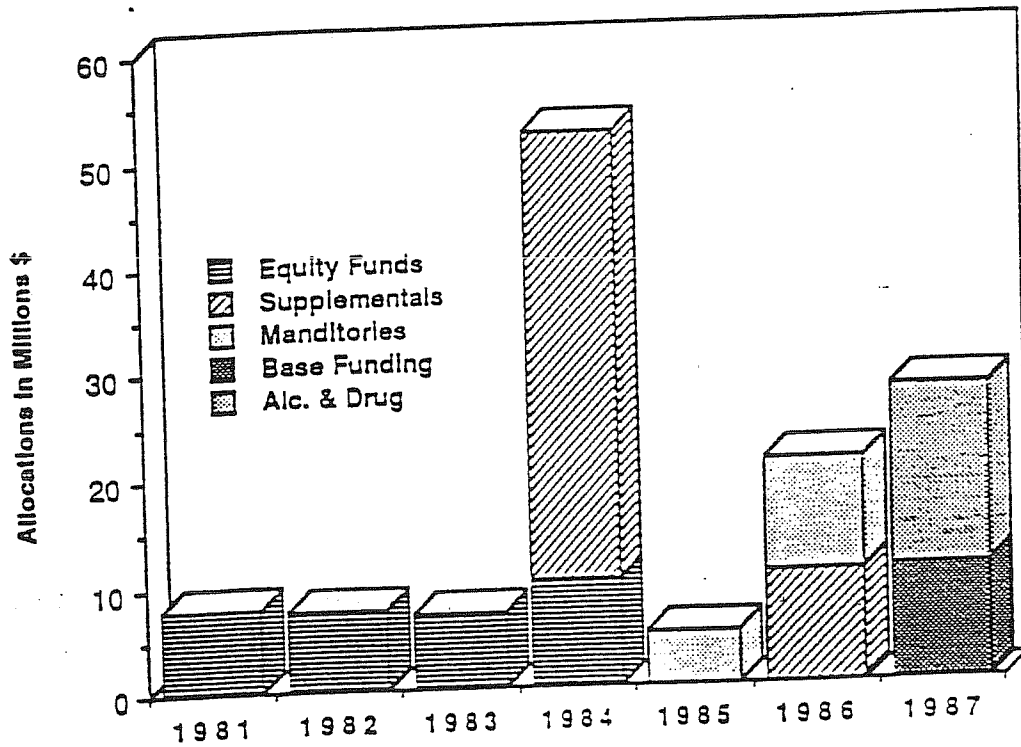


Legend
Urban Reg.
Non-Urban

	FY 90	FY 91	FY 92	FY 93	FY 94
Urban Reg.	4,588	4,381	4,748	3,590	4,649
Non-Urban	2,651	2,421	2,361	3,021	2,116

Source: FY 90-94, Monthly Program Reports.

Figure 4.7: IHS Funds Allocated by Objective Methods
1981-1987



ACTIVITY/SUB-ACTIVITY	BERKEEY	ALABAMA	ALABAMAQUE	LAUREL	BERMUDA	WILMINGTON	CALIFORNIA	MARYLAND
CLINICAL SERVICES:								
HOSPITALS & CLINICS	316,313,376	1102,126,190	135,877,176	\$3,937,810	\$25,376,978	\$77,555,978	\$28,878,870	\$72,855,176
GENERAL	2,516,700	1,812,100	2,813,000	216,600	1,115,500	2,203,700	119,400	797,000
PHYSICIAN	1,616,400	1,286,400	1,151,000	403,700	445,000	1,122,600	216,100	606,900
LABORATORY	3,711,700	2,101,000	2,517,100	0	2,313,500	2,270,700	3,348,100	1,519,200
DIAGNOSTIC	1,165,000	3,195,000	457,000	0	218,500	618,000	0	293,500
LABORATORY & REPAIR	90,400	1,314,100	174,500	30,250	19,100	79,600	11,500	56,400
LABORATORY SUPPLIES	555,603,573	\$113,902,250	\$11,513,176	\$1,616,590	\$19,310,270	\$33,911,070	\$32,918,070	\$25,934,210
LABORATORY EQUIPMENT	25,818,800	24,139,700	13,907,400	0	12,113,000	21,645,900	2,206,200	9,416,460
LABORATORY SUPPLIES	\$10,301,370	\$118,011,550	\$56,516,470	\$1,616,590	\$11,613,370	\$51,599,370	\$15,122,270	\$15,408,610
LABORATORY REPAIR:								
LABORATORY EQUIPMENT	\$7,857,500	\$1,543,600	\$1,568,700	\$163,000	\$1,641,500	\$1,216,500	\$1,151,100	\$716,700
LABORATORY SUPPLIES	1,816,000	411,100	1,111,100	12,000	65,400	1,021,100	146,500	297,900
LABORATORY REPAIR	170,600	503,400	318,100	0	174,200	113,200	85,300	181,100
LABORATORY EQUIPMENT	3,600,600	2,093,400	1,785,700	0	2,628,600	2,301,900	1,075,900	1,521,700
LABORATORY SUPPLIES	0	417,000	0	0	0	0	0	0
TOTAL PREVENTIVE HEALTH	\$6,812,106	\$7,964,500	\$5,107,900	\$175,000	\$1,309,100	\$5,031,700	\$2,470,000	\$2,645,100
JOBBER PROJECTS	164,100	0	356,300	5,000	1,318,100	676,400	2,517,900	305,700
INDIAN BIRTH CONTROL	217,000	154,000	63,000	0	101,100	149,700	0	4,900
INDIAN BIRTH CONTROL	0	0	0	0	0	0	0	0
INDIAN BIRTH CONTROL	2,017,500	2,660,700	1,024,100	2,359,100	984,600	1,178,800	952,780	1,103,600
TOTAL ALLOWANCES ISSUED	\$51,497,470	\$118,865,510	\$63,300,170	\$7,135,030	\$10,501,670	\$67,965,770	\$41,062,870	\$39,666,610
ACTIVITY/SUB-ACTIVITY								
CLINICAL SERVICES:								
HOSPITALS & CLINICS	803,752,370	\$68,668,570	\$66,525,870	\$71,523,570	\$10,799,270	\$12,611,700	\$576,419,890	\$576,419,890
GENERAL	5,311,300	5,721,000	3,170,000	1,419,000	130,000	35,200	31,485,000	31,485,000
PHYSICIAN	1,818,100	1,426,600	1,175,100	273,700	18,900	18,900	13,091,000	13,091,000
LABORATORY	2,036,400	2,837,500	2,456,100	5,023,400	545,200	48,000	30,484,000	30,484,000
DIAGNOSTIC	1,878,400	1,516,100	1,413,000	241,900	356,000	5,400	11,756,000	11,756,000
LABORATORY & REPAIR	645,900	222,150	312,090	194,100	194,100	688,500	6,561,000	6,561,000
LABORATORY SUPPLIES	\$35,511,010	\$10,116,810	\$77,603,210	\$10,215,610	\$12,189,310	\$11,000,100	\$870,016,020	\$870,016,020
LABORATORY EQUIPMENT	71,451,700	33,165,300	18,183,000	22,986,200	5,491,300	2,205,000	202,454,000	202,454,000
LABORATORY SUPPLIES	\$15,135,270	\$163,435,360	\$95,456,230	\$53,751,160	\$17,940,870	\$11,605,100	\$172,430,020	\$172,430,020
LABORATORY REPAIR:								
LABORATORY EQUIPMENT	\$1,047,200	\$7,669,800	\$2,636,400	\$1,460,700	\$510,200	\$169,900	\$21,656,000	\$21,656,000
LABORATORY SUPPLIES	1,012,700	1,802,500	2,267,200	817,300	119,300	104,300	11,467,000	11,467,000
LABORATORY REPAIR	646,100	403,100	339,100	357,800	0	4,600	4,511,000	4,511,000
LABORATORY EQUIPMENT	3,450,400	6,412,700	3,154,100	2,312,100	1,250,000	68,600	29,061,000	29,061,000
LABORATORY SUPPLIES	0	0	0	0	0	0	0	0
TOTAL PREVENTIVE HEALTH	\$11,546,700	\$9,371,000	\$8,179,100	\$1,611,700	\$1,187,500	\$187,400	\$13,150,000	\$13,150,000
LABORATORY PROJECTS	0	824,500	640,700	1,310,100	205,000	350,600	4,962,000	4,962,000
INDIAN BIRTH CONTROL	10,000	101,600	98,000	25,000	24,000	6,931,000	7,896,000	7,896,000
INDIAN BIRTH CONTROL	0	292,400	119,600	121,000	275,000	2,045,100	1,318,000	1,318,000
INDIAN BIRTH CONTROL	1,226,400	2,170,400	2,018,400	1,471,500	1,613,800	20,531,600	41,471,000	41,471,000
TOTAL ALLOWANCES ISSUED	\$113,698,370	\$115,601,460	\$107,492,020	\$61,906,360	\$20,646,170	\$65,000,300	\$1,000,167,020	\$1,000,167,020

Includes \$3,245,000 for Hospitals & Clinics for Regional Offices (GRS)

IHS Service Population by Area, 1990-2000

Area	1990 (Census)	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
All Areas	1,207,236	1,243,383	1,271,361	1,299,807	1,341,395	1,370,987	1,401,035	1,431,566	1,462,578	1,494,053	1,526,003
(Growth Factor)	—	(2.99)	(2.25)	(2.24)	(3.20)	(2.21)	(2.19)	(2.18)	(2.17)	(2.15)	(2.14)
Aberdeen	74,789	81,107	83,299	85,492	87,701	89,917	92,144	94,382	96,626	98,883	101,150
Alaska	86,251	88,728	91,257	93,842	96,483	99,179	101,929	104,733	107,595	110,503	113,473
Albuquerque	67,504	69,039	70,603	72,198	73,822	75,481	77,167	78,882	80,632	82,410	84,225
Bernidji	61,349	62,759	64,202	65,673	67,577	69,113	70,681	72,276	73,905	75,564	77,260
Billings	47,008	48,250	49,499	50,753	52,014	53,284	54,561	55,842	57,130	58,422	59,722
California	104,828	106,962	109,104	111,244	113,393	115,536	117,688	119,838	121,996	124,155	126,318
Nashville	48,943	54,309	55,230	56,174	69,364	70,579	71,825	73,106	74,435	75,800	77,203
Navajo	180,959	185,858	190,837	195,883	200,983	206,179	211,418	216,737	222,130	227,586	233,093
Oklahoma	262,517	267,255	272,029	276,853	281,734	286,654	291,630	296,660	301,735	306,859	312,026
Phoenix	120,707	123,597	126,554	129,134	132,288	135,461	138,711	142,040	145,440	148,918	152,473
Portland	127,774	130,485	133,284	136,668	139,712	142,848	146,092	149,447	152,896	156,458	160,128
Tucson	24,607	25,034	25,463	25,893	26,324	26,756	27,189	27,623	28,058	28,495	28,932

SOURCE: Estimated American Indian and Alaska Native service population by Area based on 1982-1991 vital events and the 1980 and 1990 Census modified age, race, and sex files.

SERVICES APPROPRIATION
 RECURRING/NON-RECURRING ALLOCATIONS FOR FY 1994
 AS OF SEPTEMBER 30, 1994 FINAL

TOTAL AREA FY 1994 ALLOCATION - ALL AREAS

	RECURRING	NON-RECURRING	TOTAL	FY 1994 APPROPRIATION	FY 1994 UNALLOCATED
ACTIVITY/SUB-ACTIVITY					
CLINICAL SERVICES:					
HOSPITALS & CLINICS	\$739,701,814	\$46,406,758	\$786,108,572	\$786,108,572	0
DENTAL	47,178,033	4,948,800	52,126,833	52,126,833	0
DENTAL HEALTH	31,556,294	2,311,300	33,867,594	33,867,594	0
ALCOHOLISM	83,085,412	1,753,513	84,838,925	84,838,925	0
REIMBURSEMENTS	0	12,679,411	12,679,411	17,286,200	4,606,789
TOTAL CLINICAL SERVICES	\$901,521,553	\$68,099,782	\$969,621,335	\$974,228,124	\$4,606,789
PREVENTIVE HEALTH:					
PUBLIC HEALTH					
NURSING	\$ 20,393,851	\$ 1,036,460	\$ 21,430,311	\$ 21,430,311	0
HEALTH EDUCATION	6,392,517	1,044,300	7,636,817	7,636,817	0
COMMUNITY HEALTH					
EPS	38,126,300	2,106,100	40,232,400	40,232,400	0
VACCINATIONS	1,348,000	0	1,348,000	1,348,000	0
TOTAL PREVENTIVE HEALTH	\$66,460,668	\$4,186,860	\$70,647,528	\$70,647,528	\$0
URBAN PROJECTS	0	22,834,000	22,834,000	22,834,000	0
DIAN HEALTH PROFESSIONS	0	27,406,000	27,406,000	27,406,000	0
LABORAL MANAGEMENT	0	5,204,485	5,204,485	5,204,485	0
RECT OPERATIONS	47,293,407	1,635,981	48,929,388	48,929,388	0
CONTRACT SUPPORT COSTS	122,656,313	(223,343)	122,432,970	122,432,970	0
SELF GOVERNANCE	30,833,951	3,298,754	34,132,705	34,132,705	0
TOTAL ALLOWANCES					
DEDUCTED	\$1,168,765,892	\$132,442,519	\$1,301,208,411	\$1,305,815,200	\$4,606,789
		W/O REIMBURSEMENTS	1,288,529,000	1,288,529,000	0

SERVICES APPROPRIATION ALLOCATIONS
COMPARISONS
AS OF SEPTEMBER 30, 1994 FINAL
FY 1994

ACTIVITY/SUB-ACTIVITY	ALBUQUERQUE	CALIFORNIA	PORTLAND
Clinical Services:			
Hospitals & Clinics	\$43,651,735	\$37,846,953	\$33,636,334
Dental	4,419,000	730,850	4,234,944
Mental Health	2,707,000	927,400	2,658,694
Alcoholism	7,374,000	6,938,000	9,496,541
Reimbursements	732,429	25,000	267,311
TOTAL CLINICAL SERVICES	\$58,884,164	\$45,668,203	\$50,293,824
Preventive Health:			
Public Health Nursing	\$ 1,857,720	\$ 233,600	\$ 1,800,014
Health Education	839,370	246,150	702,717
Community Health Reps,	2,500,500	1,469,200	3,171,330
Immunization	-0-	-0-	-0-
TOTAL PREVENTIVE HEALTH	\$ 5,197,590	\$ 1,948,950	\$ 5,674,061
Urban Projects	470,800	3,985,200	3,245,100
Indian Health Professions	99,000	4,000	33,000
Tribal Management	-0-	100,000	-0-
Direct Operations	1,140,250	1,058,750	1,916,507
Contract Support Cost	3,781,407	18,294,270	16,775,644
Self-Governance	5,325	-0-	992,035
TOTAL ALLOWANCES ISSUES	\$69,578,536	\$71,059,373	\$78,930,171

Per Capita Facilities						
	FY90	FY91	FY92	FY93	FY94	FY95
Aberdeen	64.93	72.04	38.51	188.86	277.34	-
Alaska	54.81	299.91	312.68	1,171.70	803.03	181.06
Albuquer	13.59	-	-	82.36	6.56	39.34
Bemidji	-	-	-	-	4.83	22.51
Billings	70.52	1.18	199.73	214.11	16.66	517.74
California	-	-	-	-	-	-
Nashville	-	-	-	-	-	-
Navajo	-	-	11.58	-	40.17	230.10
Oklahom	-	2.34	46.03	-	32.49	-
Phoenix	16.20	6.66	-	6.20	36.43	12.89
Portland	-	218.65	3.13	-	123.94	49.35
Tucson	-	-	-	-	-	-
Total	16.41	44.30	49.60	125.26	115.08	92.91
					4.83	22.51
					-	-
					-	-
					-	-
		218.65	3.13	-	123.94	49.35
	40.26	92.54	122.24	312.26	276.73	226.25

IDEAL ELECTRONIC PATIENT HEALTH RECORD

Funding Needed for:

Initial evaluation of needs and market
 Purchase and installation of system
 Initial/ongoing training in use of system
 Updates for hardware and software as they occur, or become obsolete.

1. General Requirements
 - a) Module. Basic component (patient registration and visit information) with add-ons as needed by site, e.g. laboratory, pharmacy, dental
 - b) User friendly. System is easy to operate, to learn, uses same skills as other standard software (e.g. Windows or other GUI environment).
 - c) Modules are linked, and updated, automatically. No manual commands to transfer of information from one module to another are needed.
 - d) Able to import data from other computer systems, e.g. laboratory, pharmacy, radiology, transcription.
 - e) Able to import data from other applications, e.g. ICD-9-CM coding, CPT coding.
 - f) Ability to export data to other applications, e.g. billing.
 - g) Support electronic data transfer.
 - h) Serve several remote locations.
 - i) Support electronic signature, including documents cannot be changed after electronic signature has been appended.

2. Data retrieval
 - a) Standard reports for reporting to IHS, state, management.
 - b) Able to generate user defined reports easily. No complex programming.
 - c) Able to store and generate user defined tracking systems and registers, e.g. diabetes, hypertension, immunizations, mammograms.

3. Data entry
 - a) Able to easily add/modify selections to a table (e.g. new insurance, new tribe) while in data entry mode. System does not require quitting data entry in order to add data to a linked table.
 - b) User friendly data entry. Windows or other GUI interface

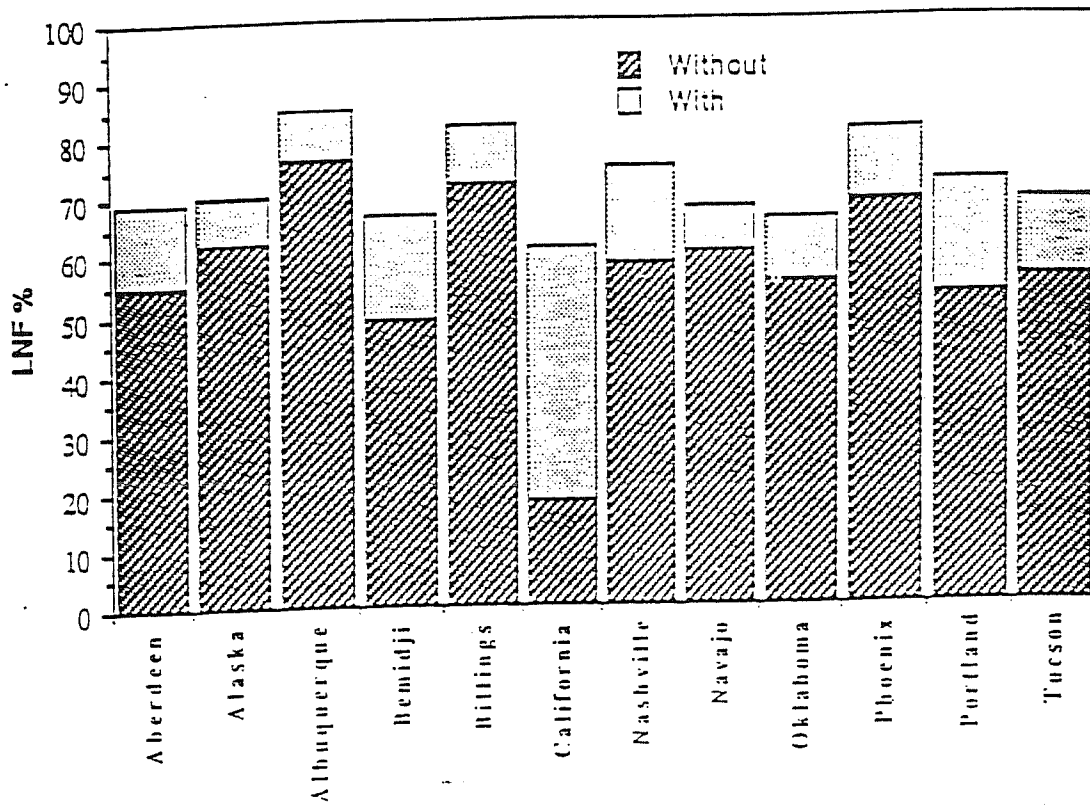
4. Security
 - a) Able to limit access for each module and each piece of a module, e.g. able to assign no access, read only access, or full edit access to each data item for each user.
 - b) Password protection. Passwords changed routinely.
 - c) Able to "freeze" entries so data can only be changed by authorized staff.

- d) Automatic log off when no activity on system.
- e) Automatic generation of usage logs. System administrator, or other, routinely reviews logs to identify unauthorized access or attempts at unauthorized access.
- f) Automatic logs to track changes made to data and individual making the changes.

5. Training/support

- a) Training for initial conversion for all staff.
- b) Updates to software as they occur, and to hardware as necessary to remain current and operational
- c) Users manuals which are easy to use and understand.
- d) Technical support from 8:00 am to 5:00 pm Pacific Time.

Figure 4.10: Level-of-Need Funded (LNF %) With and Without Formula Allocations



Services Appropriation Allocations
As of September 30, 1994 Final

ACTIVITY/SUB-ACTIVITY	ABERDEEN	ALASKA	ALBUQUERQUE	BEMIDJI	BILLINGS	CALIFORNIA	HEADQUARTERS	HO-WEST
CLINICAL SERVICES:								
HOSPITALS & CLINICS	\$76,112,741	\$124,311,564	\$43,651,735	\$31,970,185	\$34,310,630	\$37,846,953	\$54,545,627	\$9,466,800
DENTAL	6,326,600	5,411,100	4,419,000	1,729,300	3,151,940	730,350	88,150	479,200
MENTAL HEALTH	5,654,200	3,093,000	2,797,000	1,223,800	2,198,800	927,400	661,600	1,038,900
ALCOHOLISM	8,003,700	8,438,600	7,374,000	5,572,713	6,188,774	6,938,000	571,900	1,386,700
REIMBURSEMENTS	161,485	2,728,007	732,429	85,622	190,172	25,000	943,690	1,555,175
TOTAL CLINICAL SERVICES	\$96,258,726	\$143,982,271	\$58,884,164	\$40,580,820	\$45,959,516	\$45,668,203	\$56,810,967	\$13,926,775
PREVENTIVE HEALTH:								
PUBLIC HEALTH								
NURSING	\$ 3,460,400	\$ 557,400	\$ 1,857,720	\$ 710,480	\$ 1,422,120	\$ 233,600	\$ 45,460	\$ 0
HEALTH EDUCATION	965,700	906,900	839,370	304,900	592,200	246,150	37,380	0
COMMUNITY HEALTH REPS	5,327,610	3,359,200	2,500,500	2,703,500	2,786,960	1,469,200	423,300	0
IMMUNIZATION	0	1,348,000	0	0	0	0	0	0
TOTAL PREVENTIVE HEALTH	\$ 9,753,710	\$ 6,171,500	\$ 5,197,590	\$ 3,718,880	\$ 4,801,280	\$ 1,948,950	\$ 508,140	\$ 0
URBAN PROJECTS								
INDIAN HEALTH	759,100	0	470,800	2,611,525	1,045,800	3,985,200	7,204,775	0
PROFESSIONS	66,000	63,000	99,000	17,000	130,000	4,000	26,800,600	0
TRIBAL MANAGEMENT	0	0	0	0	0	100,000	5,104,485	0
DIRECT OPERATIONS	2,036,550	3,138,525	1,140,250	1,161,506	1,812,800	1,058,750	24,158,500	1,865,700
CONTRACT SUPPORT COST	6,461,929	35,123,929	3,781,407	7,999,487	2,372,066	18,294,270	24,900	0
SELF GOVERNANCE	0	166,450	5,325	1,150	9,875	0	32,887,745	500
TOTAL ALLOWANCES ISSUED	\$155,336,015	\$188,645,675	\$69,578,536	\$56,090,368	\$56,130,537	\$71,059,373	\$153,500,112	\$15,792,975
ACTIVITY/SUB-ACTIVITY								
	NASHVILLE	NAVAJO	OKLAHOMA	PHOENIX	PORTLAND	TUCSON	TOTAL AREA ALLOCATION	FY 1994 APPROP.
CLINICAL SERVICES:								
HOSPITALS & CLINICS	\$28,750,499	\$105,095,490	\$113,524,821	\$80,544,610	\$33,636,334	\$13,140,583	\$786,108,572	\$786,108,572
DENTAL	1,234,200	9,465,600	9,288,049	4,850,800	4,234,944	717,100	52,126,833	52,126,833
MENTAL HEALTH	973,300	4,450,300	3,814,500	3,685,900	2,638,694	781,800	33,867,594	33,867,594
ALCOHOLISM	5,112,700	10,182,400	5,703,997	7,850,700	9,496,541	2,098,200	84,838,925	84,838,925
REIMBURSEMENTS	81,120	1,796,608	286,763	3,755,373	267,311	70,654	12,679,411	17,286,200
TOTAL CLINICAL SERVICES	\$36,151,819	\$130,990,398	\$132,618,130	\$100,687,385	\$50,293,824	\$16,808,337	\$969,621,335	\$974,228,124
PREVENTIVE HEALTH:								
PUBLIC HEALTH								
NURSING	398,900	4,841,200	2,360,717	3,331,740	1,800,014	410,560	21,430,311	21,430,311
HEALTH EDUCATION	333,500	994,800	637,900	962,500	782,717	112,800	7,636,817	7,636,817
COMMUNITY HEALTH REPS	2,330,100	5,142,300	4,692,500	4,551,550	3,171,330	1,772,350	40,232,400	40,232,400
IMMUNIZATION	0	0	0	0	0	0	1,348,000	1,348,000
TOTAL PREVENTIVE HEALTH	\$3,062,500	\$10,978,300	\$7,691,117	\$8,845,790	\$5,674,061	\$2,295,710	\$70,647,528	\$70,647,528
URBAN PROJECTS								
INDIAN HEALTH	574,700	255,400	1,975,600	1,316,200	3,245,100	289,800	22,834,800	22,834,800
PROFESSIONS	26,000	51,000	100,000	12,400	33,000	4,000	27,406,000	27,406,000
TRIBAL MANAGEMENT	0	0	0	0	0	0	5,284,485	5,284,485
DIRECT OPERATIONS	1,404,350	2,673,450	2,905,675	2,445,575	1,916,507	1,211,250	48,929,388	48,929,388
CONTRACT SUPPORT COST	11,298,820	3,937,916	10,634,862	4,711,203	16,775,644	997,337	122,432,970	122,432,970
SELF GOVERNANCE	11,754	0	5,275	25,500	992,035	27,775	34,132,705	32,194,416
TOTAL ALLOWANCES ISSUED	\$52,530,064	\$148,886,464	\$155,049,859	\$118,044,053	\$78,930,171	\$21,634,209	\$1,301,208,411	\$1,303,876,911

SERVICES APPROPRIATION
 RECURRING/NON-RECURRING ALLOCATIONS FOR FY 1995
 AS OF SEPTEMBER 30, 1995 FINAL

ALL AREA SUMMARY

07-02-95

ACTIVITY/SUB-ACTIVITY	ABERDEEN	ALASKA	ALBUQUERQUE	BIENOS AIRES	BILLINGS	CALIFORNIA	HEADQUARTERS	HQ-WEST
CLINICAL SERVICES:								
HOSPITALS & CLINICS	\$78,332,082	\$100,137,471	\$41,588,850	\$23,647,588	\$26,137,981	\$26,186,334	\$21,450,519	\$8,422,338
DENTAL	6,523,907	4,679,498	4,288,000	1,290,372	1,228,731	732,085	166,351	372,000
MENTAL HEALTH	5,722,100	1,809,472	2,737,350	1,130,191	2,107,025	915,350	619,000	984,333
ALCOHOL/SUBSTANCE ABUSE	8,158,473	4,789,608	7,389,584	5,042,981	5,731,488	6,822,473	1,352,924	1,340,649
REIMBURSEMENTS	298,713	1,718,017	927,528	92,819	281,738	68,930	1,058,446	1,283,228
TOTAL CLINICAL SERVICES	\$89,050,968	\$113,324,108	\$59,112,322	\$27,503,782	\$47,734,927	\$44,725,754	\$28,675,460	\$12,362,927
PREVENTIVE HEALTH:								
PUBLIC HEALTH NURSING	\$1,612,500	\$140,700	\$1,814,900	\$291,800	\$1,519,035	\$221,980	\$1,987	\$0
HEALTH EDUCATION	981,300	248,500	805,475	243,158	538,934	224,526	159,397	2,000
COMMUNITY HEALTH REPS	5,471,907	686,500	2,570,650	2,388,200	2,642,596	1,391,400	391,446	0
IMMUNIZATION	0	1,058,058	0	0	0	0	0	0
TOTAL PREVENTIVE HEALTH	\$10,065,707	\$2,173,858	\$5,191,025	\$5,723,158	\$4,700,564	\$1,847,905	\$254,820	\$2,000
URBAN PROJECTS	775,900	0	472,900	2,576,400	1,063,675	4,076,450	7,371,157	0
INDIAN HLTH PROFESSIONS	150,525	107,400	91,482	37,000	103,225	26,970	26,743,900	0
TRIBAL MANAGEMENT	0	700	0	1,000	1,275	6,625	5,025,666	0
DIRECT OPERATIONS	2,060,275	2,187,594	1,150,775	1,253,236	1,766,564	1,094,575	21,950,763	1,496,500
CONTRACT SUPPORT COSTS	8,910,466	3,729,185	1,914,166	6,259,902	2,316,477	18,495,736	320,192	0
SELF-GOVERNANCE	0	42,250	16,100	12,175	0	0	180,040,517	0
TOTAL ALLOWANCES ISSUED	\$119,053,841	\$121,586,193	\$69,948,773	\$51,066,553	\$57,783,107	\$70,273,615	\$299,692,795	\$12,381,527
ACTIVITY/SUB-ACTIVITY	NASHVILLE	NAVAJO	OKLAHOMA	PHOENIX	PORTLAND	TUCSON	TOTAL AREA ALLOCATION	FY1995 APPROPRIATION
CLINICAL SERVICES:								
HOSPITALS & CLINICS	\$24,728,984	\$113,819,279	\$27,443,496	\$20,970,500	\$21,184,835	\$12,464,521	\$748,977,440	\$748,977,440
DENTAL	1,068,309	11,781,100	7,640,322	4,972,482	4,129,502	741,500	51,951,133	51,951,133
MENTAL HEALTH	862,461	4,929,400	3,057,384	3,666,991	2,240,280	808,200	31,679,867	31,679,867
ALCOHOL/SUBSTANCE ABUSE	4,889,186	10,545,750	5,187,026	8,101,969	7,072,584	2,039,155	78,648,243	78,648,243
REIMBURSEMENTS	146,149	1,184,841	198,773	4,515,232	259,036	13,885	12,153,510	12,153,510
TOTAL CLINICAL SERVICES	\$31,692,589	\$142,270,180	\$113,525,502	\$102,227,994	\$46,996,337	\$16,067,365	\$823,410,193	\$823,410,193
PREVENTIVE HEALTH:								
PUBLIC HEALTH NURSING	\$228,642	\$5,489,700	\$1,525,527	\$1,392,529	\$1,718,924	\$400,000	\$20,896,324	\$20,896,324
HEALTH EDUCATION	281,113	1,045,300	545,178	985,708	902,375	61,300	6,824,763	6,824,763
COMMUNITY HEALTH REPS	1,811,371	5,331,150	3,550,222	4,491,382	2,738,771	1,581,250	25,087,925	25,087,925
IMMUNIZATION	0	0	0	0	0	0	1,058,058	1,058,058
TOTAL PREVENTIVE HEALTH	\$2,121,126	\$11,866,150	\$5,620,927	\$6,870,619	\$5,359,999	\$1,962,550	\$33,907,080	\$33,907,080
URBAN PROJECTS	591,100	261,200	1,039,400	1,265,150	3,318,900	297,075	23,249,317	23,249,317
INDIAN HLTH PROFESSIONS	6,300	63,250	91,775	37,506	18,500	1,900	27,479,333	27,479,333
TRIBAL MANAGEMENT	0	0	0	2,000	0	0	5,047,766	5,047,766
DIRECT OPERATIONS	1,244,759	2,544,728	2,467,229	2,461,214	1,884,075	1,129,541	45,537,375	45,537,375
CONTRACT SUPPORT COSTS	8,897,176	3,933,057	5,572,573	4,365,528	13,355,796	999,937	80,230,197	80,230,197
SELF-GOVERNANCE	0	2,400	1,500	4,025	13,500	0	180,134,467	180,134,467
TOTAL ALLOWANCES ISSUED	\$44,943,050	\$160,940,962	\$129,516,102	\$120,014,924	\$70,347,373	\$20,567,768	\$1,249,195,723	\$1,249,195,723

Facilities Construction Projects*

Aberdeen	Alaska	Albuquerque	Bemidji	Billings	California	Nashville	Navajo	Oklahoma	Phoenix	Portland	Tucson	Total
6,711,000	4,819,000	970,000	-	3,901,000	-	-	-	-	1,728,000	-	-	19,129,000
7,345,000	26,184,000	-	-	69,000	-	-	-	570,000	746,000	15,352,000	-	50,266,000
3,990,000	26,660,000	-	-	11,849,000	-	-	2,626,000	11,358,000	-	219,000	-	56,702,000
19,725,000	109,814,000	6,280,000	-	12,851,000	-	-	9,279,000	8,363,000	708,000	9,403,000	-	149,378,000
28,966,000	75,262,000	500,000	300,000	1,000,000	-	-	53,146,000	-	4,160,000	3,744,000	-	137,233,000
-	16,969,000	3,000,000	1,397,000	31,075,000	-	-	-	-	1,472,000	-	-	110,803,000
66,737,000	242,730,000	10,750,000	1,697,000	60,745,000	-	-	6,505,000	20,291,000	8,814,000	28,718,000	-	446,936,000

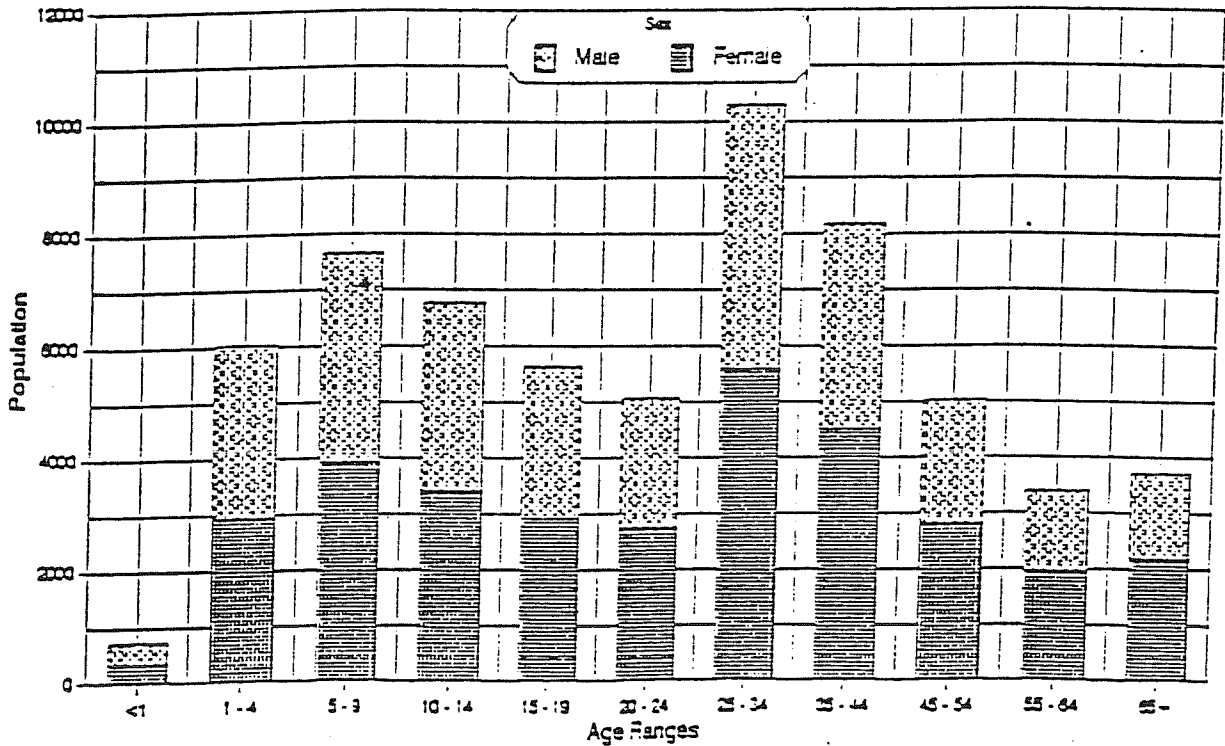
Information taken from DHHS Justification of Estimates for Appropriations Committees 1990-1995

Maintenance & Repair Allocations - California*			
FY 1990		\$215,000	
FY 1991		275,000	
FY 1992		513,000	
FY 1993		1,177,000	
FY 1994		1,801,000	
FY 1995		1,515,000	
TOTAL		\$5,496,000	
*Excerpt from IHS Justification of Estimates for			
Appropriations Committees 1990-1995			

User Population for Rural Health Programs

Figure 1.3

by Age - FY 1993



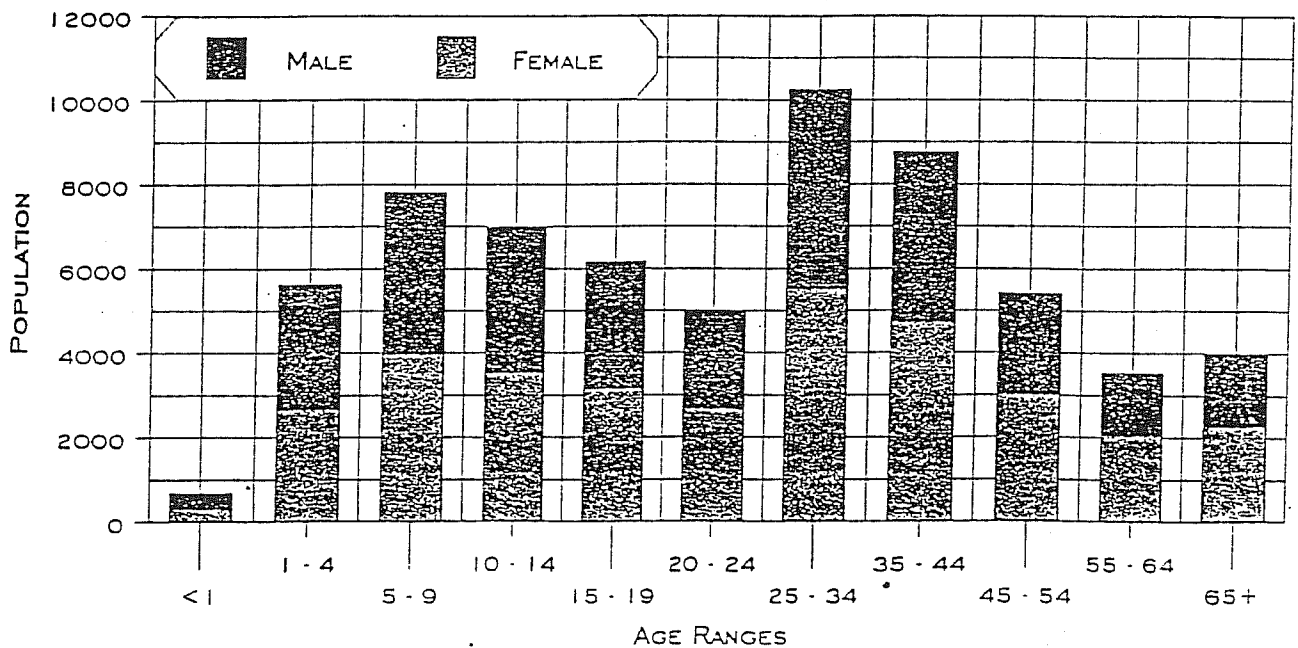
Female	343	2904	3922	3409	2925	2743	5585	4512	2809	1953	2176
Male	382	3104	3735	3358	2709	2333	472	3672	2220	1442	1536

Age

USER POPULATION FOR RURAL HEALTH PROGRAMS

FIGURE 1.8

BY AGE - FY 1995



FEMALE	335	2689	3985	3553	3175	2700	5536	4758	3042	2071	2303
--------	-----	------	------	------	------	------	------	------	------	------	------

FIGURE 1.1

MISCLASSIFICATION OF RACE BY LEADING CAUSES OF DEATH
 AMONG AMERICAN INDIAN INFANTS < 1 YEAR OLD IN CA 1979-1993

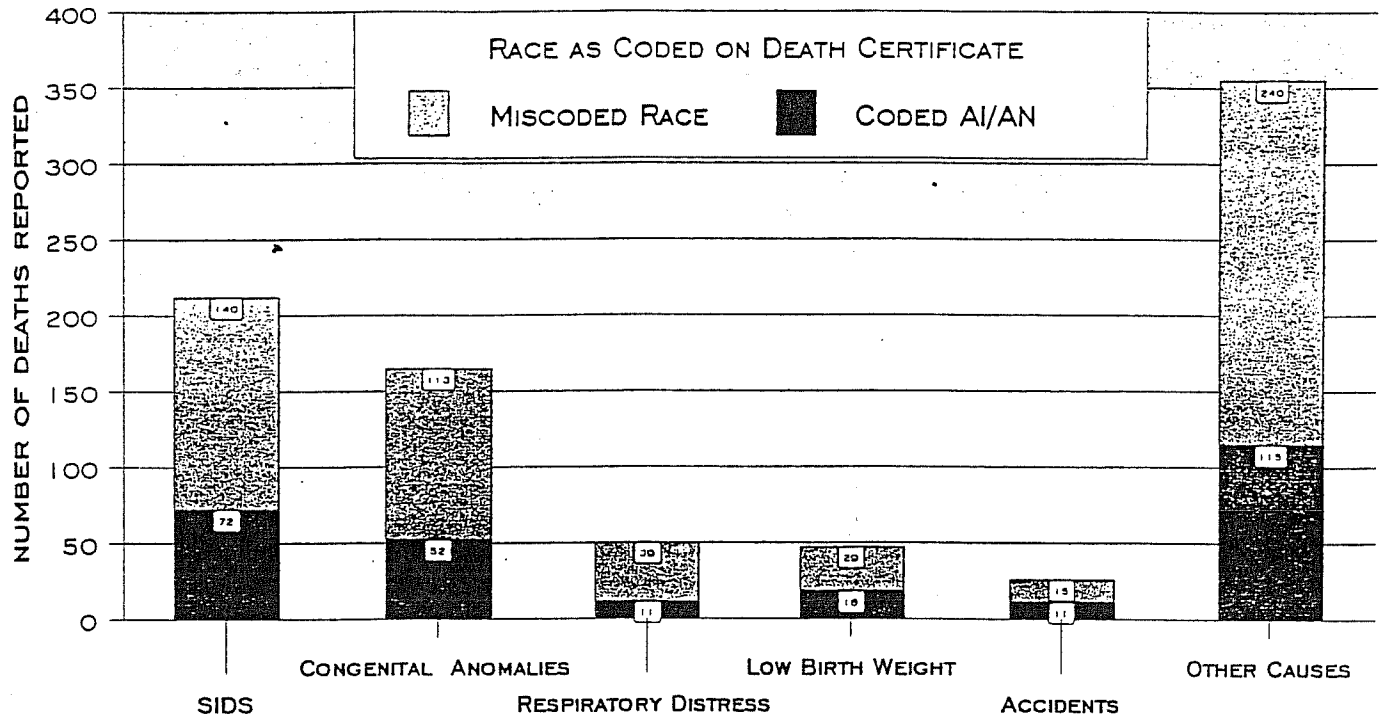
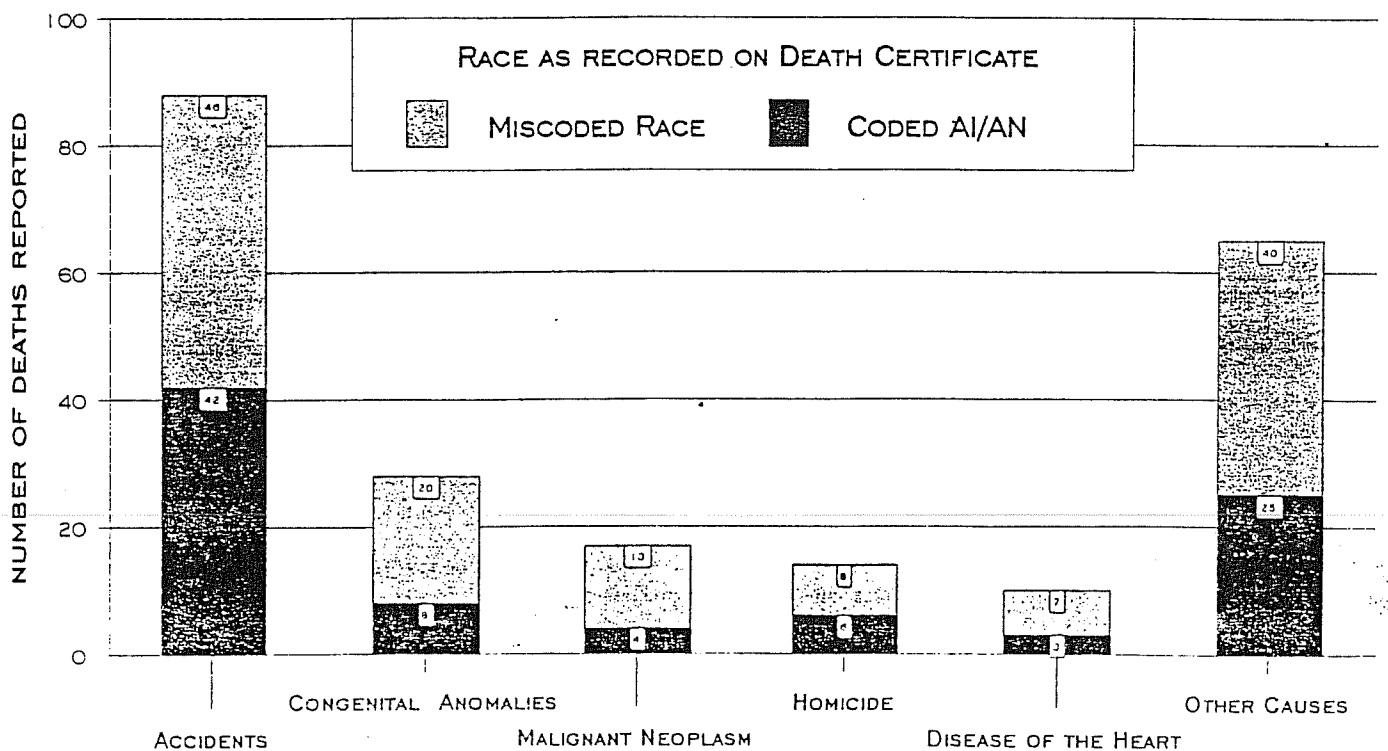


FIGURE 1.2

MISCLASSIFICATION OF RACE BY LEADING CAUSES OF DEATH
 AMONG AMERICAN INDIAN CHILDREN AGES 1 - 14 IN CA 1979-1993



Years of Productive Life Lost Rates

Calendar Years 1989-1991

In 1989-1991, the years of productive life lost rate (all causes) for the IHS service area population was 86.7. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 109.2. This is nearly double the U.S. All Races rate of 56.2 for 1990. Each of the remaining 9 IHS Areas had a rate greater than the U.S. All Races rate.

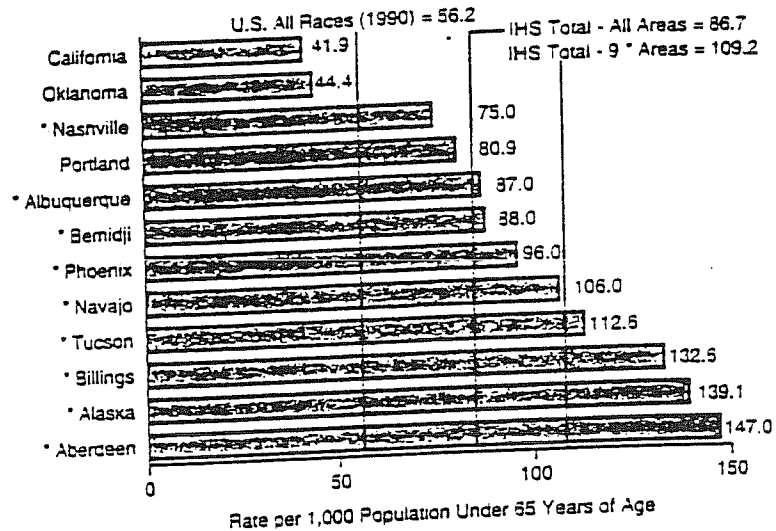


Table 4.2
 Years of Productive Life Lost (YPLL) Rates (All Causes)

Calendar Years 1989-1991

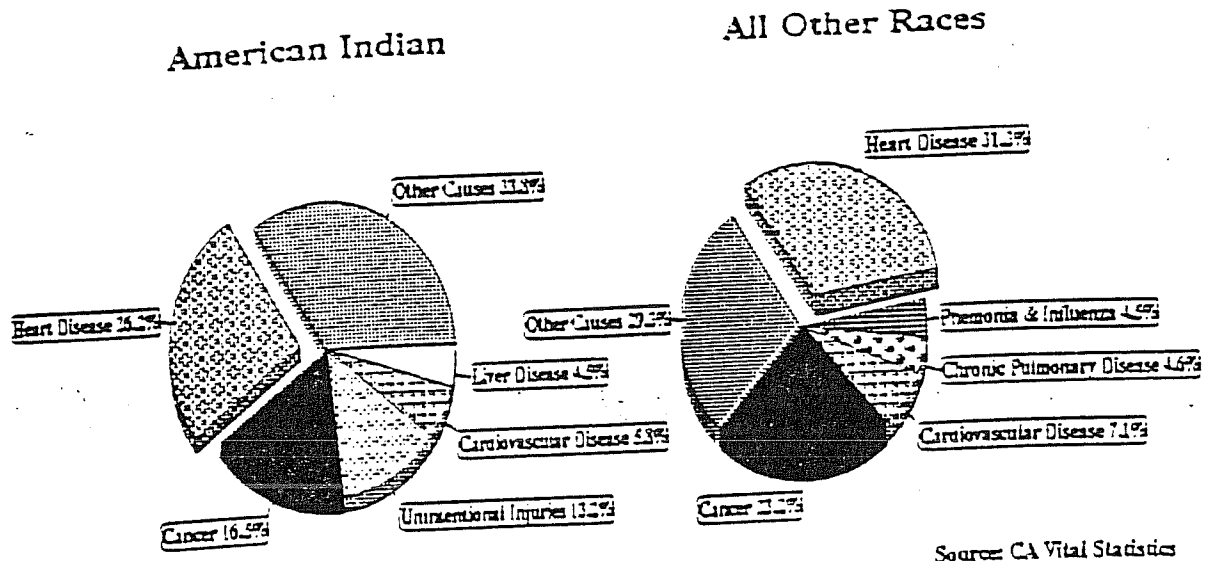
	Number of YPLL ¹	Rate ²
U.S. All Races (1990)	12,237,379	56.2
All IHS Areas	296,436	86.7
9* Areas ³	222,548	109.2
Aberdeen*	32,099	147.0
Alaska*	34,336	139.1
Albuquerque*	16,555	87.0
Bemidji*	15,305	88.0
Billings*	17,875	132.6
California	12,390	41.9
Nashville*	10,608	75.0
Navajo*	54,797	106.0
Oklahoma	31,992	44.4
Phoenix*	33,144	96.0
Portland	29,506	80.9
Tucson*	7,329	112.6

¹ Years of Productive Life Lost (YPLL) is a mortality indicator which measures the burden of premature deaths. It is calculated by subtracting the age at death from age 65 and summing the result over all deaths.

² Rate per 1,000 population under 65 years of age.

³ The 3 IHS Areas that do not have an asterisk (California, Oklahoma, and Portland) appear to have a problem with underreporting of Indian race on death certificates. Therefore a separate IHS rate was calculated excluding these 3 Areas.

Figure 1.7 Five Leading Causes of Death Among American Indians and All Races in CA, 1990-1992



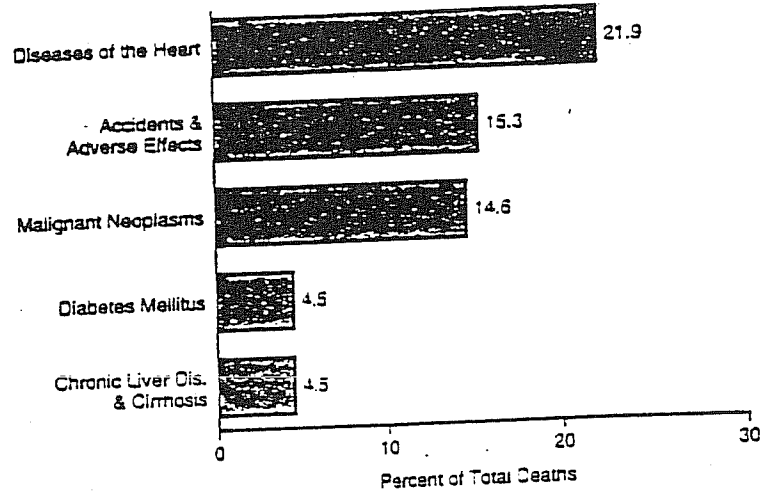
Source: IHS Statistics Branch

Source: CA Vital Statistics

Comment: American Indians in California are at a significantly higher risk of death due to liver disease and unintentional injuries.

Leading Causes of Death

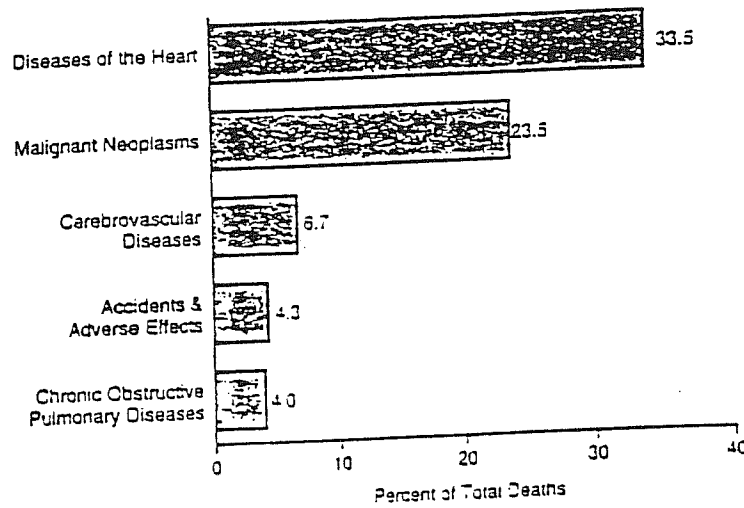
All IHS Areas, Calendar Years 1989-1991



In 1989-1991, 21.9 percent of all deaths in the IHS service area were caused by diseases of the heart. This was followed by accidents and adverse effects at 15.3 percent.

Leading Causes of Death

U.S. All Races, Calendar Year 1990



In 1990, 33.5 percent of all deaths in the U.S. were caused by diseases of the heart. This was followed by malignant neoplasms at 23.5 percent.

Leading Causes of Death

California Area, Calendar Years 1989-1991

In 1989-1991, 24.4 percent of all deaths in the California Area were caused by diseases of the heart. This was followed by malignant neoplasms at 14.6 percent.

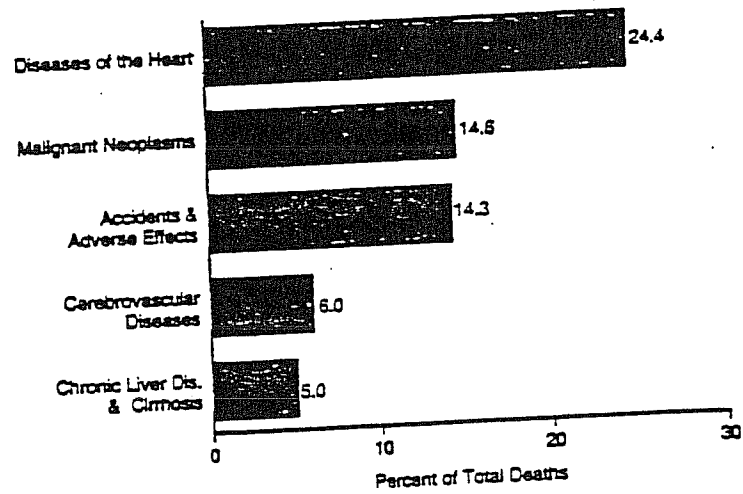
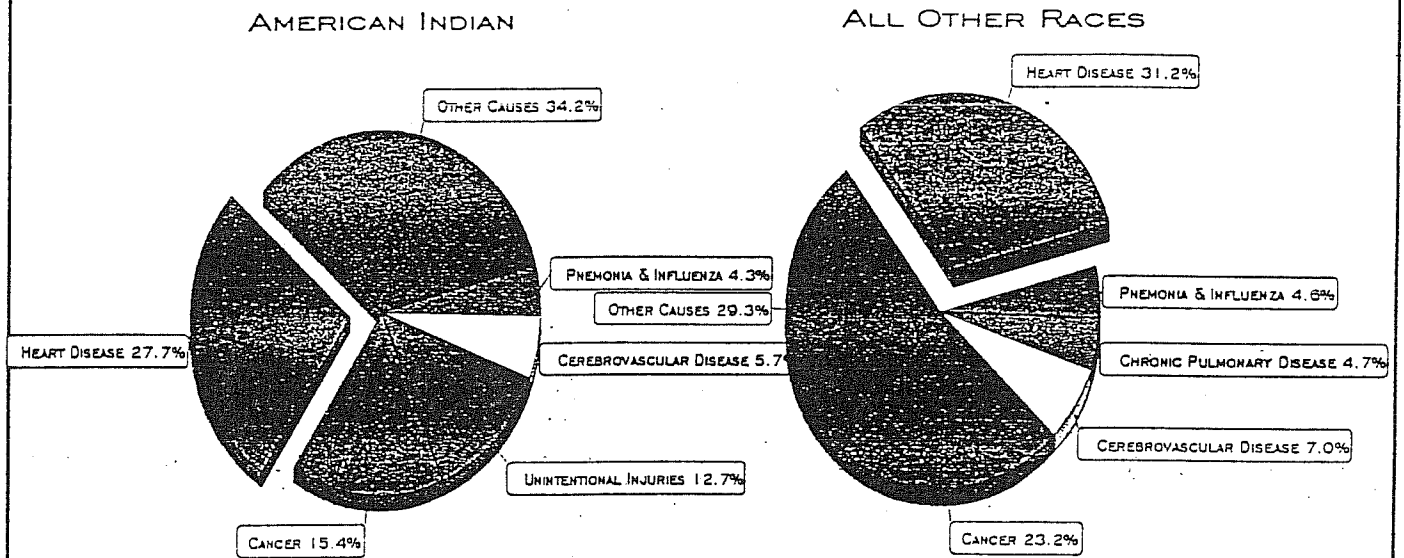


Figure 1.7

FIVE LEADING CAUSES OF DEATH AMONG

AMERICAN INDIANS AND ALL RACES IN CA, 1991-1993



COMMENT: AMERICAN INDIANS IN CALIFORNIA ARE AT A SIGNIFICANTLY HIGHER RISK OF DEATH DUE TO UNINTENTIONAL INJURIES.

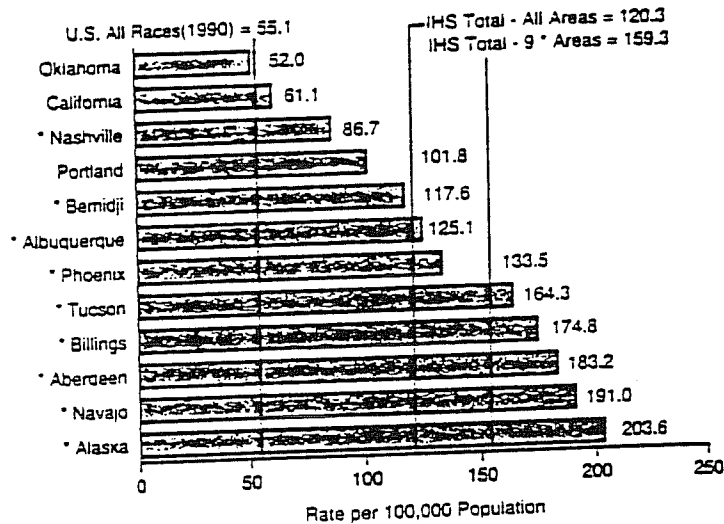
SOURCE: IHS STATISTICS BRANCH

SOURCE: CA VITAL STATISTICS

Age-Adjusted Injury and Poisoning Mortality Rates

Calendar Years 1989-1991

In 1989-1991, the age-adjusted injury and poisoning mortality rate for the IHS service area population was 120.3. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 159.3. This is nearly 3 times the U.S. All Races rate of 55.1 for 1990. Three Areas (Alaska, Navajo, and Aberdeen) had rates exceeding 180.0.



Age-Adjusted Injury and Poisoning¹ Mortality Rates

Calendar Years 1989-1991

	Deaths ²	Rate ³
U.S. All Races (1990)	150,211	55.1
All IHS Areas	4,109	120.3
9* Areas ⁴	3,150	159.3
Aberdeen*	363	183.2
Alaska*	499	203.6
Albuquerque*	249	125.1
Bemidji*	197	117.6
Billings*	227	174.8
California	188	61.1
Nashville*	127	86.7
Navajo*	923	191.0
Oklahoma	398	52.0
Phoenix*	457	133.5
Portland	377	101.8
Tucson*	108	164.3

¹ Includes the following ICD-9 cause of death groups combined: Motor vehicle accidents-E810-E825. Other accidents-E800-E807, E826-E849. Suicide-E950-E959. Homicide-E960-E978. Injury undetermined whether accidentally or purposely inflicted-E980-E989. Injury resulting from operations of war-E990-E999.

² Includes deaths with age not reported. For IHS, includes Albuquerque-1 death, Oklahoma-2 deaths, and Phoenix-1 death.

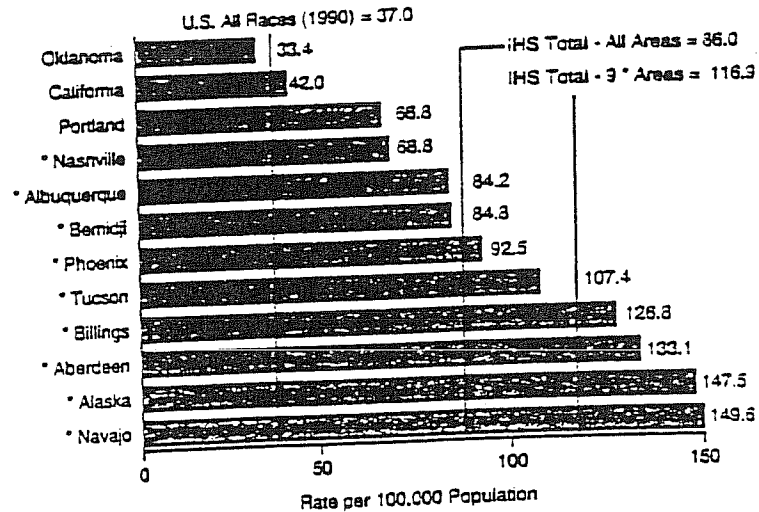
³ Age-adjusted rate per 100,000 population. Rates based on a small number of deaths should be interpreted with caution.

⁴ The 3 IHS Areas that do not have an asterisk (California, Oklahoma, and Portland) appear to have a problem with underreporting of Indian race on death certificates. Therefore a separate IHS rate was calculated excluding these 3 Areas.

Age-Adjusted Accident Mortality Rates

Calendar Years 1989-1991

In 1989-1991, the age-adjusted accident mortality rate for the IHS service area population was 86.0. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 116.9. This is 216 percent higher than the U.S. All Races rate of 37.0 for 1990. The Navajo Area had the highest rate (149.6) which was mainly attributable to motor vehicle accidents. For the IHS service area, 23.1 percent of the motor vehicle accidents were pedestrian-related compared to 15.4 percent for the U.S. All Races population.



Age-Adjusted Accident Mortality Rates

Calendar Years 1989-1991

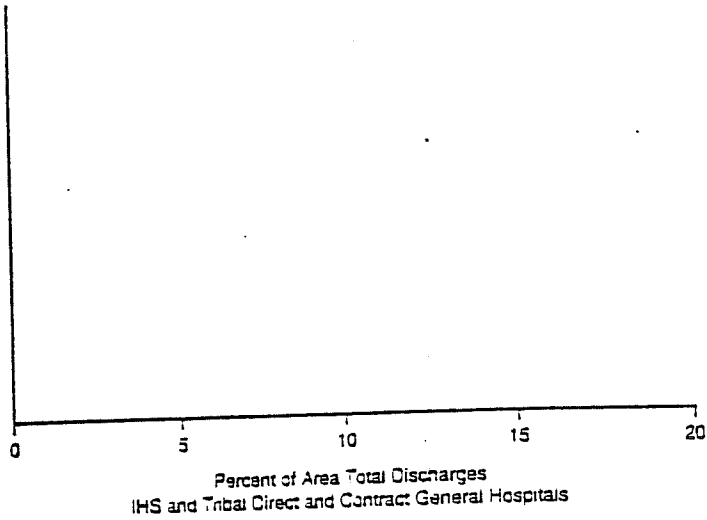
	Motor vehicle accidents							
	All accidents		Totals		Pedestrian-related ¹		Other accidents	
	Deaths	Rate ²	Deaths	Rate ²	Deaths	Percent of motor vehicle accident deaths	Deaths	Rate ²
U.S. All Races (1990)	91,983	37.0	46,814	18.8	7,205	15.4%	45,169	18.2
All IHS Areas	2,925	86.0	1,642	48.3	380	23.1%	1,283	37.5
9 [*] Areas ²	2,292	116.9	1,277	64.9	316	24.7%	1,015	52.0
Aberdeen*	258	133.1	153	77.3	25	16.3%	105	55.3
Alaska*	360	147.5	68	28.3	20	29.4%	292	118.7
Albuquerque*	165	84.2	110	55.6	39	35.5%	55	28.5
Bemidji*	142	84.8	78	48.5	12	15.4%	64	36.3
Billings*	164	126.8	108	83.2	15	13.9%	56	43.6
California	128	42.0	76	24.5	14	18.4%	52	17.5
Nashville*	102	68.3	60	40.5	15	25.0%	42	29.2
Navajo*	722	149.6	454	93.2	134	29.5%	268	56.4
Oklahoma	253	33.4	150	20.0	24	16.0%	108	13.5
Phoenix*	310	92.5	203	59.0	43	21.2%	107	33.5
Portland	247	66.8	139	37.7	26	18.7%	108	29.2
Tucson*	69	107.4	43	64.5	13	30.2%	26	42.9

¹ Includes motor vehicle accidents having ICD-9 codes E810-E825 with a fourth digit code 7. The fourth digit code 7 indicates that a pedestrian was the subject decedent as a result of the motor vehicle accident.

² Rates based on a small number of deaths should be interpreted with caution.

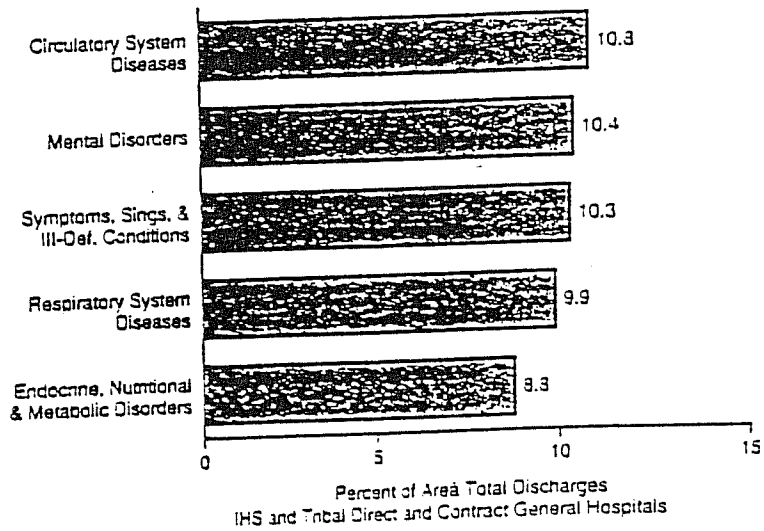
Leading Causes of Hospitalization California Area, FY 1992

There were no diagnostic inpatient data available for the California Area in FY 1992.

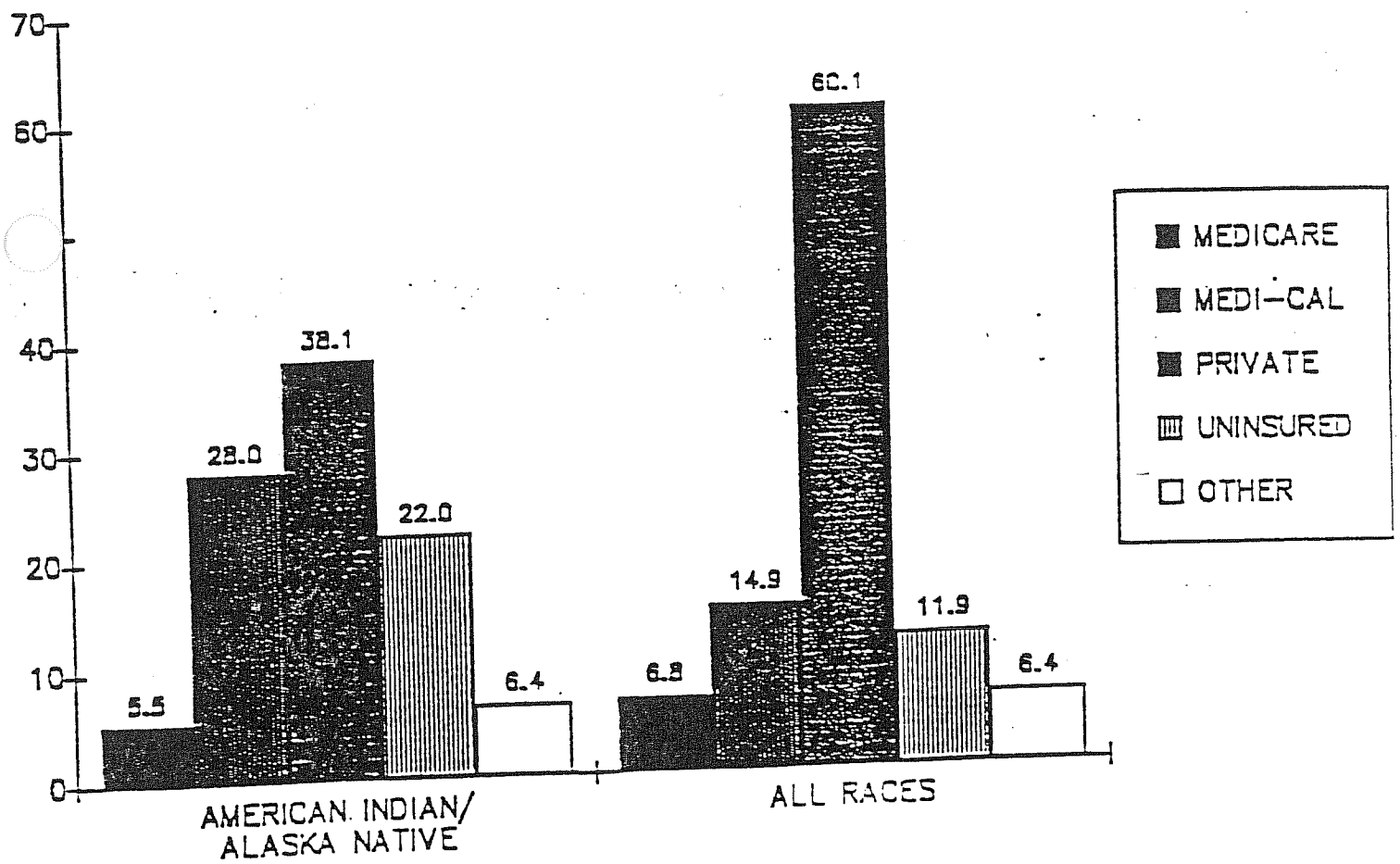


Leading Causes of Hospitalization Nashville Area, FY 1992

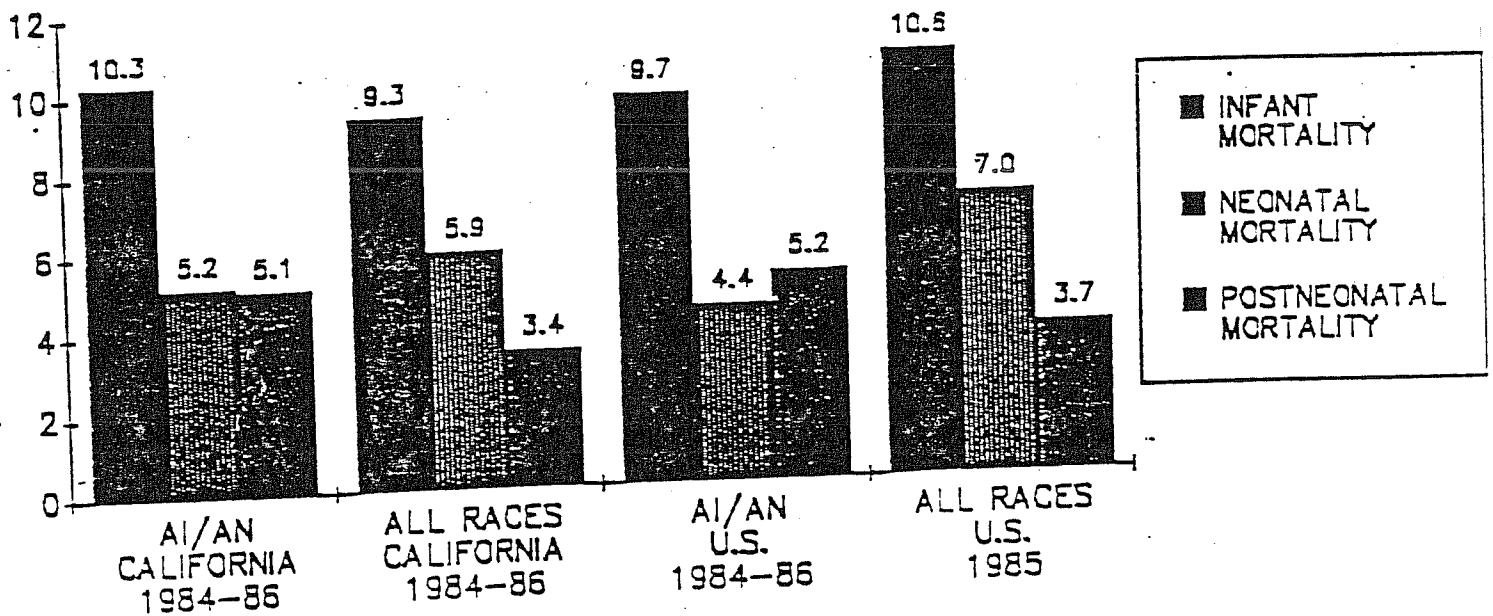
For the Nashville Area in FY 1992, 10.8 percent of all discharges from IHS and Tribal direct and contract general hospitals pertained to circulatory system diseases. This was followed by mental disorders at 10.4 percent.



HOSPITAL DISCHARGES 25-64 YEARS OF AGE BY PAYER SOURCE
 AMERICAN INDIANS/ALASKA NATIVES AND ALL RACES
 CALIFORNIA, 1988



**INFANT, NEONATAL, AND POSTNEONATAL MORTALITY RATES
 AMERICAN INDIANS/ALASKA NATIVES AND ALL RACES
 CALIFORNIA AND UNITED STATES RESIDENTS, 1984-86**
 (Rates per 1,000 live births)



INFANT (1), NEONATAL (2), AND POSTNEONATAL (3) MORTALITY RATES
 AMERICAN INDIANS/ALASKA NATIVES AND ALL RACES
 CALIFORNIA AND UNITED STATES RESIDENTS, 1984-86
 (Rates per 1,000 live births)

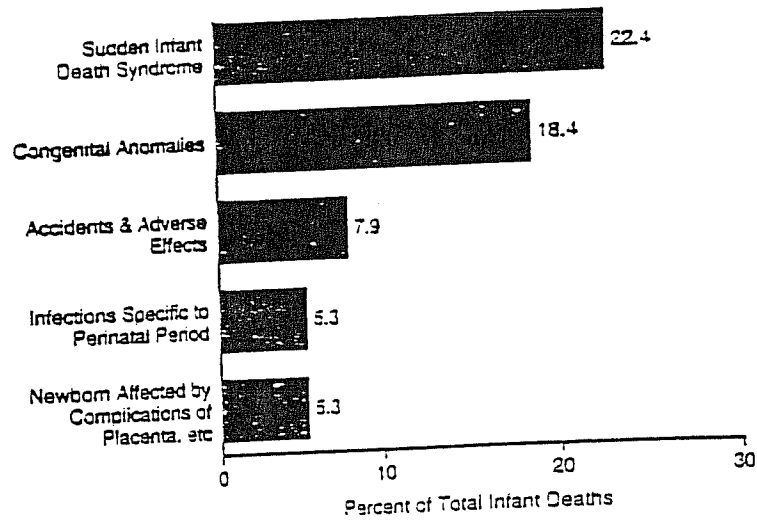
	CALIFORNIA		UNITED STATES	
	AMERICAN INDIAN/ ALASKA NATIVE (4) 1984-86	ALL RACES 1984-86	AMERICAN INDIAN/ ALASKA NATIVE (5) 1984-86	ALL RACES 1985
INFANT	10.3	9.3	9.7	10.6
NEONATAL	5.2	5.9	4.4	7.0
POSTNEONATAL	5.1	3.4	5.2	3.7

- (1) Deaths under one year of age per 1,000 live births.
 (2) Deaths under 28 days of age per 1,000 live births.
 (3) Deaths 28 days to under one year of age per 1,000 live births minus neonatal deaths.
 (4) AI/AN infant deaths for California are those linked to birth certificates which have mother and/or father recorded as AI/AN, including Hispanics.
 (5) AI/AN infant deaths for the U.S. are those with death certificates coded as AI/AN, including Hispanics. In 1983, the U.S. AI/AN infant mortality rate based on this definition was 10.7; using linked records to identify AI/AN births, the rate increased to 14.4.

Source: State of California, Department of Health Services, Health Data and Statistics Branch.
 National Center for Health Statistics.

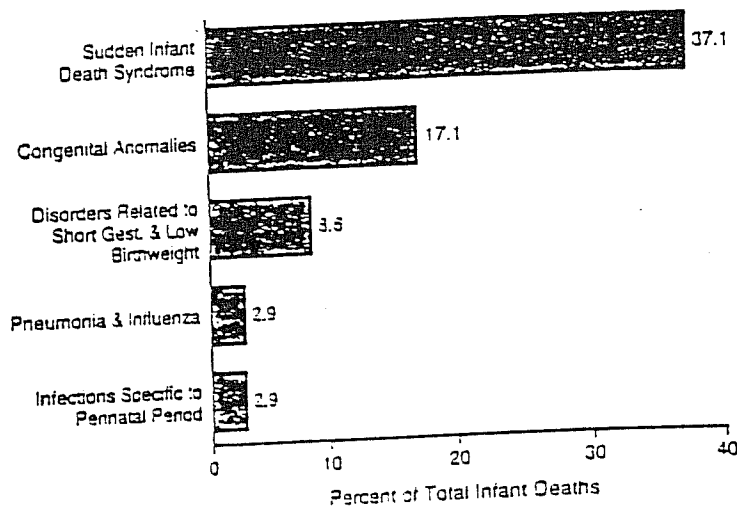
Leading Causes of Infant Deaths Billings Area, Calendar Years 1989-1991

In 1989-1991, 22.4 percent of all infant deaths in the Billings Area were caused by sudden infant death syndrome. This was followed by congenital anomalies at 18.4 percent.



Leading Causes of Infant Deaths California Area, Calendar Years 1989-1991

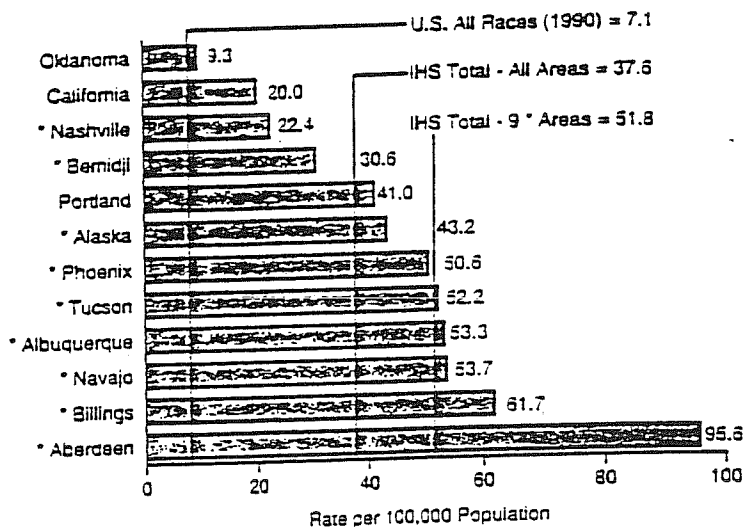
In 1989-1991, 37.1 percent of all infant deaths in the California Area were caused by sudden infant death syndrome. This was followed by congenital anomalies at 17.1 percent.



Age-Adjusted Alcoholism Mortality Rates

Calendar Years 1989-1991

In 1989-1991, the age-adjusted alcoholism mortality rate for the IHS service area population was 37.6. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 51.8. This is 630 percent higher than the U.S. All Races rate of 7.1 for 1990. The Aberdeen Area rate of 95.6 was 13.5 times the U.S. rate.



Age-Adjusted Alcoholism Mortality Rates

Calendar Years 1989-1991

Number of deaths and ICD-9 cause of death group

	All causes	291	303	305.0	425.5	535.3	571.0-571.3	790.3	E860.0-E860.1	Rate ¹
U.S. All Races (1990)	19,587	433	5,226	788	860	85	12,000	15	180	7.1
All IHS Areas	1,079	22	290	90	21	6	627	5	18	37.6
9 [*] Areas ²	838	15	233	77	14	3	475	5	16	51.8
Aberdeen*	145	3	38	10	1	—	91	—	2	95.6
Alaska*	89	2	14	24	3	1	39	5	1	43.2
Albuquerque*	82	4	21	6	1	—	50	—	—	53.3
Bemidji*	43	1	10	3	1	—	25	—	3	30.6
Billings*	64	1	14	1	1	—	47	—	—	61.7
California	51	—	13	2	1	1	34	—	—	20.0
Nashville*	29	—	9	1	1	1	16	—	1	22.4
Navajo*	222	3	85	27	5	1	94	—	7	53.7
Oklahoma	64	2	14	2	2	2	41	—	1	9.3
Phoenix*	133	1	33	4	1	—	92	—	2	50.6
Portland	126	5	30	9	4	—	77	—	1	41.0
Tucson*	31	—	9	1	—	—	21	—	—	52.2

¹ Age-adjusted rate per 100,000 population. The rate computation excludes 3 deaths with age not reported. Rates based on a small number of deaths should be interpreted with caution.

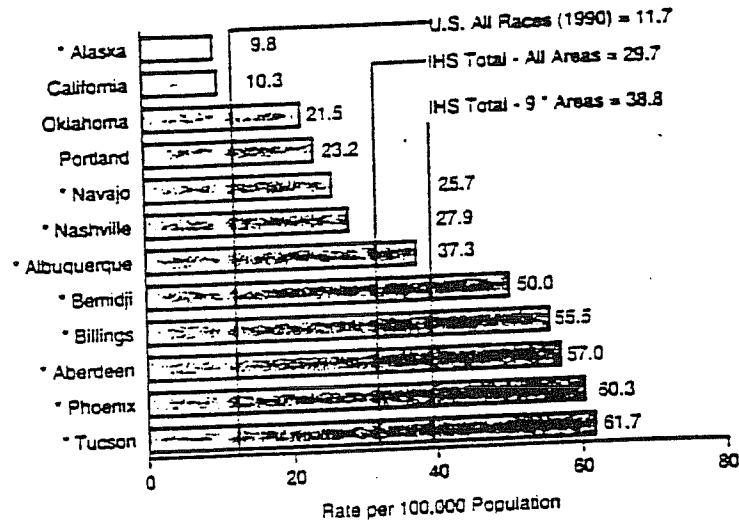
² The 3 IHS Areas that do not have an asterisk (California, Oklahoma, and Portland) appear to have a problem with underreporting of Indian race on death certificates. Therefore a separate IHS rate was calculated excluding these 3 Areas.

291—Alcoholic Psychoses; 303—Alcoholic Dependence Syndrome; 305.0—Alcohol Overdose; 425.5—Alcoholic Cardiomyopathy; 535.3—Alcoholic Gastritis; 571.0-571.3—Alcoholic Liver Disease; 790.3—Elevated Blood Alcohol Level; E860.0, E860.1—Accidental Poisoning by Alcohol not elsewhere classified.

Age-Adjusted Diabetes Mellitus Mortality Rates

Calendar Years 1989-1991

In 1989-1991, the age-adjusted diabetes mortality rate for the IHS service area population was 29.7. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 38.8. This is 232 percent higher than the U.S. All Races rate of 11.7 for 1990. All of the IHS Areas had a rate greater than the U.S. rate with the exception of Alaska and California (however the California rate is low because of Indian race reporting problems).



Age-Adjusted Diabetes Mellitus Mortality Rates

Calendar Years 1989-1991

	Deaths	Rate ¹
U.S. All Races (1990)	47,564	11.7
All IHS Areas	861	29.7
9* Areas ²	600	38.8
Aberdeen*	90	57.0
Alaska*	19	9.8
Albuquerque*	55	37.3
Bemidji*	69	50.0
Billings*	53	55.5
California	27	10.3
Nashville*	35	27.9
Navajo*	102	25.7
Oklahoma	171	21.5
Phoenix*	142	60.3
Portland	63	23.2
Tucson*	35	61.7

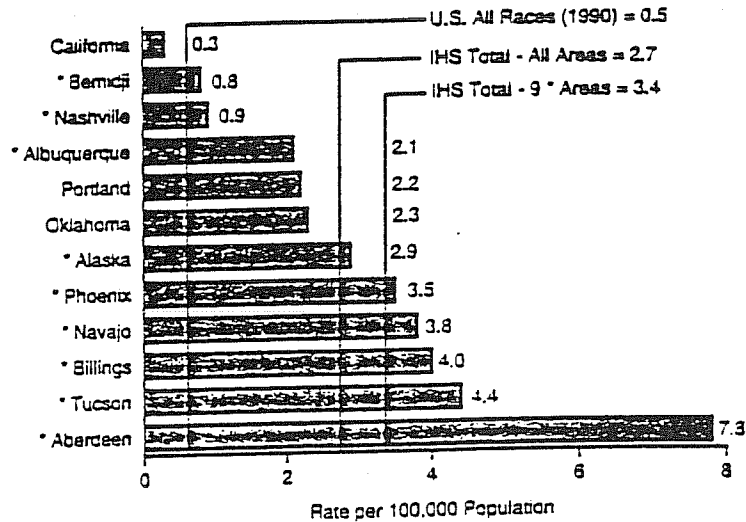
¹ Age-adjusted rate per 100,000 population. Rates based on a small number of deaths should be interpreted with caution.

² The 3 IHS Areas that do not have an asterisk (California, Oklahoma, and Portland) appear to have a problem with underreporting of Indian race on death certificates. Therefore a separate IHS rate was calculated excluding these 3 Areas.

Age-Adjusted Tuberculosis Mortality Rates

Calendar Years 1989-1991

In 1989-1991, the age-adjusted tuberculosis mortality rate for the IHS service area population was 2.7. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 3.4. This is nearly 7 times the U.S. All Races rate of 0.5 for 1990. The Area rates should be interpreted with caution because of the small number of deaths involved. The Navajo and Oklahoma Areas had the most deaths over the 3-year period, both with 18.



Age-Adjusted Tuberculosis Mortality Rates

Calendar Years 1989-1991

	Deaths	Rate ¹
U.S. All Races (1990)	1,810	0.5
All IHS Areas	82	2.7
9* Areas ²	57	3.4
Aberdeen*	12	7.8
Alaska*	6	2.9
Albuquerque*	3	2.1
Bemidji*	1	0.8
Billings*	5	4.0
California	1	0.3
Nashville*	1	0.9
Navajo*	18	3.8
Oklahoma	18	2.3
Phoenix*	8	3.5
Portland	6	2.2
Tucson*	3	4.4

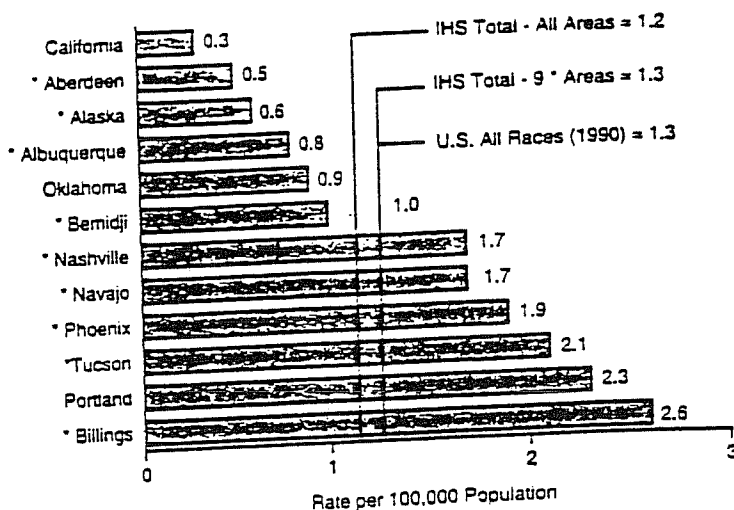
¹ Rate per 100,000 population. Rates based on a small number of deaths should be interpreted with caution.

² The 3 IHS Areas that do not have an asterisk (California, Oklahoma, and Portland) appear to have a problem with underreporting of Indian race on death certificates. Therefore a separate IHS rate was calculated excluding these 3 Areas.

Age-Adjusted Gastrointestinal Diseases Mortality Rates

Calendar Years 1989-1991

In 1989-1991, the age-adjusted mortality rate for the IHS service area population was 1.2. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 1.3. This is the same as the U.S. All Races rate for 1990. The Area rates should be interpreted with caution because of the small number of deaths involved. The Navajo and Oklahoma Areas had the most deaths over the 3-year period, both with 8.



Age-Adjusted Gastrointestinal Diseases Mortality Rates

Calendar Years 1989-1991

	Deaths	Rate ¹
U.S. All Races (1990)	6,007	1.3
All IHS Areas	44	1.2
9 Areas ²	29	1.3
Aberdeen*	1	0.5
Alaska*	2	0.6
Albuquerque*	3	0.8
Bemidji*	2	1.0
Billings*	3	2.6
California	1	0.3
Nashville*	3	1.7
Navajo*	8	1.7
Oklahoma	8	0.9
Phoenix*	6	1.9
Portland	6	2.3
Tucson*	1	2.1

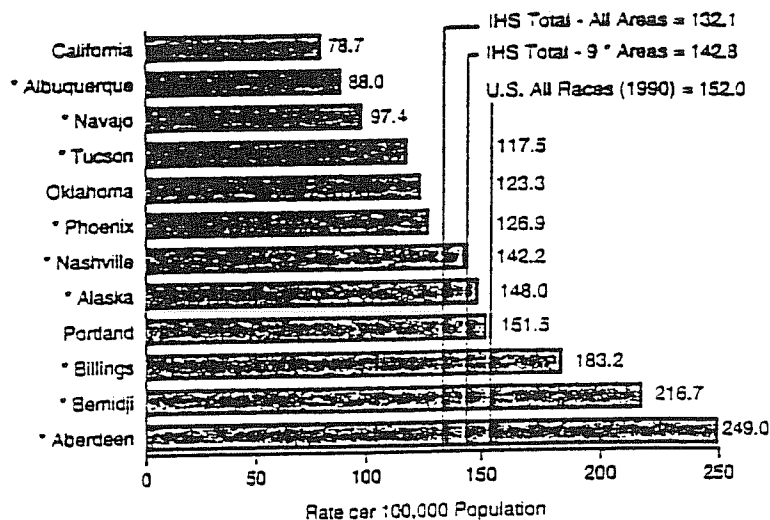
¹ Age-adjusted rate per 100,000 population. Rates based on a small number of deaths should be interpreted with caution.

² The 3 IHS Areas that do not have an asterisk (California, Oklahoma, and Portland) appear to have a problem with underreporting of Indian race on death certificates. Therefore a separate IHS rate was calculated excluding these 3 Areas.

Age-Adjusted Diseases of the Heart Mortality Rates

Calendar Years 1989-1991

In 1989-1991, the age-adjusted diseases of the heart mortality rate for the IHS service area population was 132.1. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 142.8. This is 6 percent less than the U.S. All Races rate of 152.0 for 1990. The Albuquerque and Navajo Area rates are well below the U.S. rate.



Age-Adjusted Diseases of the Heart Mortality Rates

Calendar Years 1989-1991

	Deaths	Rate ¹
U.S. All Races (1990)	720,058	152.0
All IHS Areas	4,171	132.1
9* Areas ²	2,414	142.8
Aberdeen*	406	249.0
Alaska*	295	148.0
Albuquerque*	150	88.0
Bemidji*	314	216.7
Billings*	183	183.2
California	219	78.7
Nashville*	216	142.2
Navajo*	456	97.4
Oklahoma	1,105	123.3
Phoenix*	322	126.9
Portland	433	151.5
Tucson*	72	117.5

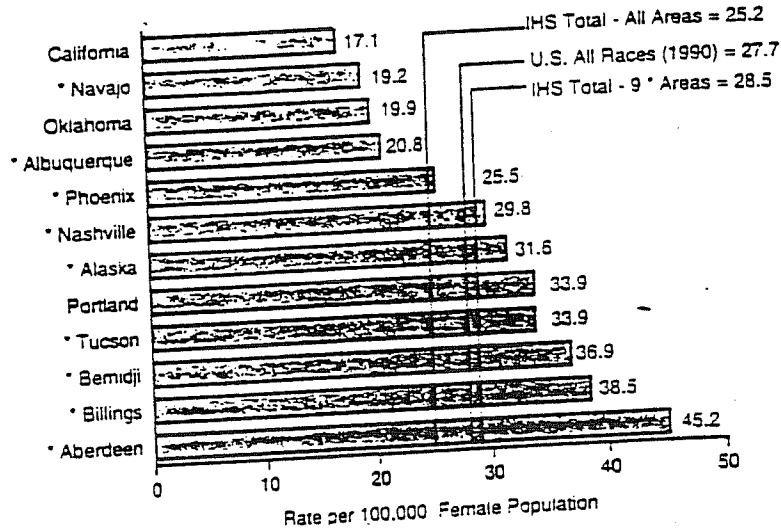
¹ Age-adjusted rate per 100,000 population. Rates based on a small number of deaths should be interpreted with caution.

² The 3 IHS Areas that do not have an asterisk (California, Oklahoma, and Portland) appear to have a problem with underreporting of Indian race on death certificates. Therefore a separate IHS rate was calculated excluding these 3 Areas.

Age-Adjusted Cerebrovascular Diseases Mortality Rates

Calendar Years 1989-1991

In 1989-1991, the age-adjusted cerebrovascular diseases mortality rate for the IHS service area population was 25.2. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 28.5. This is slightly higher than the U.S. All Races rate of 27.7 for 1990. The Aberdeen Area rate of 45.2 was 2.4 times the Navajo Area rate of 19.2.



Age-Adjusted Cerebrovascular Diseases Mortality Rates

Calendar Years 1989-1991

	Deaths	Rate ¹
U.S. All Races (1990)	144,088	27.7
All IHS Areas	839	25.2
9* Areas ²	499	28.5
Aberdeen*	78	45.2
Alaska*	63	31.6
Albuquerque*	40	20.8
Bemidji*	58	36.9
Billings*	40	38.5
Billings*	54	17.1
California	44	29.8
Nashville*	90	19.2
Navajo*	188	19.9
Oklahoma	67	25.5
Phoenix*	98	33.9
Portland	19	33.9
Tucson*		

¹ Age-adjusted rate per 100,000 population. Rates based on a small number of deaths should be interpreted with caution.

Chart 4.28
**Age-Adjusted Malignant Neoplasm
 Mortality Rates**
 Calendar Years 1989-1991

In 1989-1991, the age-adjusted malignant neoplasm mortality rate for the IHS service area population was 94.5. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 111.2. This is 18 percent less than the U.S. All Races rate of 135.0 for 1990. However, the Aberdeen, Bemidji, Billings, and Alaska Areas had rates greater than the U.S. rate.

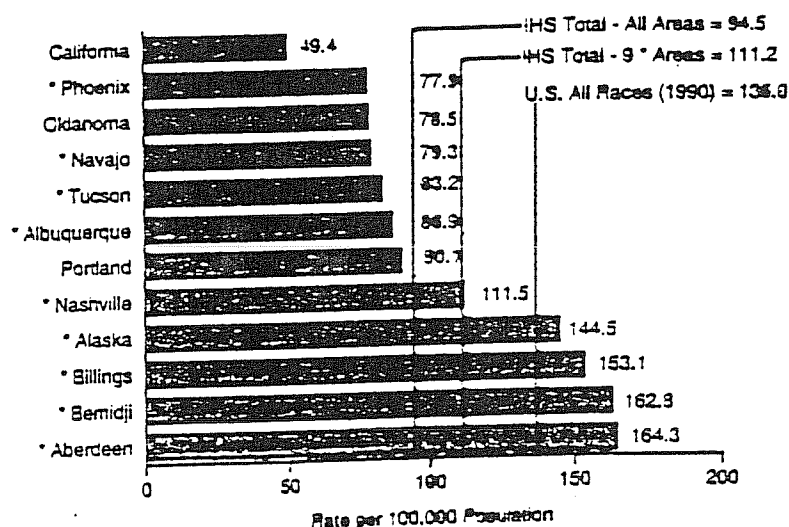


Table 4.28
**Age-Adjusted Malignant Neoplasm
 Mortality Rates**
 Calendar Years 1989-1991

	Deaths	Rate ¹
U.S. All Races (1990)	966,322	135.0
All IHS Areas	2,793	94.5
9* Areas ²	1,770	111.2
Aberdeen*	262	164.3
Alaska*	273	144.5
Albuquerque*	136	86.9
Bemidji*	223	162.3
Billings*	150	153.1
California	131	49.4
Nashville*	150	111.5
Navajo*	339	79.3
Oklahoma	644	78.5
Phoenix*	188	77.9
Portland	248	90.1
Tucson*	49	83.2

¹ Age-adjusted rate per 100,000 population. Rates based on a small number of deaths should be interpreted with caution.

² The 3 IHS Areas that do not have an asterisk (California, Oklahoma, and Portland) appear to have a problem with underreporting of Indian race on death certificates. Therefore a separate IHS rate was calculated excluding these 3 Areas.

Chart 4.29
Age-Adjusted Breast Cancer Mortality Rates for Females
 Calendar Years 1989-1991

In 1989-1991, the age-adjusted breast cancer mortality rate for females in the IHS service area population was 11.6. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 12.9. This is 44 percent less than the U.S. All Races rate of 23.1 for 1990. The Billings Area rate of 21.9 approached the U.S. rate.

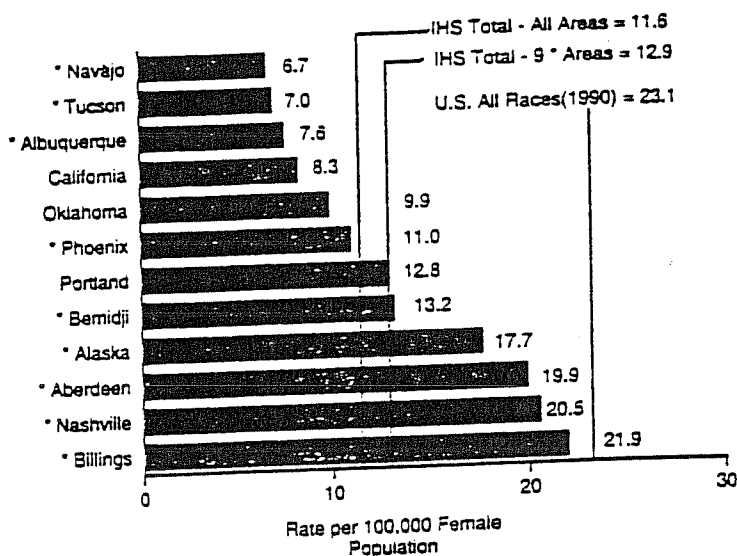


Table 4.29
Age-Adjusted Breast Cancer Mortality Rates For Females
 Calendar Years 1989-1991

	Total deaths	Rate ¹
U.S. All Races (1990)	43,391	23.1
All IHS Areas	180	11.6
9* Areas ²	108	12.9
Aberdeen*	18	19.9
Alaska*	16	17.7
Albuquerque*	6	7.6
Bemidji*	10	13.2
Billings*	11	21.9
California	12	8.3
Nashville*	15	20.5
Navajo*	15	6.7
Oklahoma	40	9.9
Phoenix*	15	11.0
Portland	20	12.8
Tucson*	2	7.0

¹ Age-adjusted rate per 100,000 female population. Rates based on a small number of deaths should be interpreted with caution.

² The 3 IHS Areas that do not have an asterisk (California, Oklahoma, and Portland) appear to have a problem with underreporting of Indian race on death certificates. Therefore a separate IHS rate was calculated excluding these 3 Areas.

Chart 4.30
Age-Adjusted Cervical Cancer Mortality Rates for Females
 Calendar Years 1989-1991

In 1989-1991, the age-adjusted cervical cancer mortality rate for females in the IHS service area population was 6.0. When the 3 IHS Areas with apparent problems in underreporting of Indian race on death certificates are excluded, the rate is 6.7. This is 2.4 times the U.S. All Races rate of 2.8 for 1990. The Area rates should be interpreted with caution because of the small number of deaths involved. Navajo (23) was the only Area with more than 20 deaths over the 3-year period.

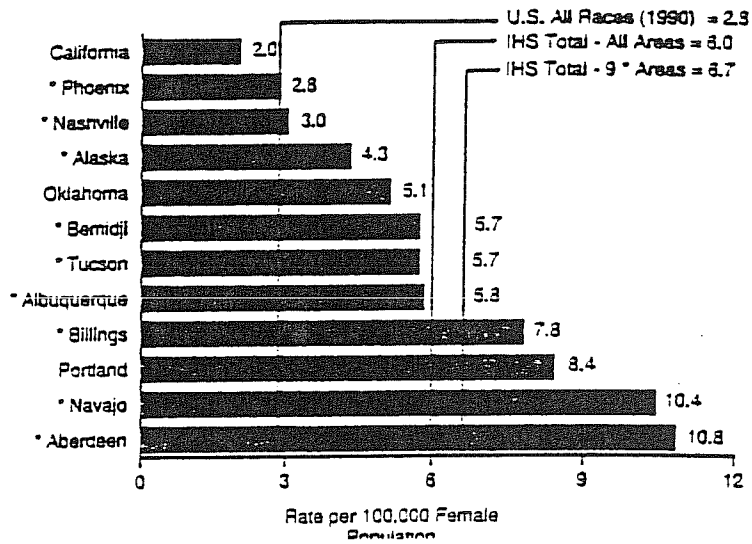


Table 4.30
Age-Adjusted Cervical Cancer Mortality Rates For Females
 Calendar Years 1989-1991

	Total deaths	Rate ¹
U.S. All Races (1990)	4,627	2.8
All IHS Areas	92	6.0
9* Areas ²	58	6.7
Aberdeen*	9	10.8
Alaska*	5	4.3
Albuquerque*	5	5.8
Bemidji*	4	5.7
Billings*	4	7.8
California	3	2.0
Nashville*	2	3.0
Navajo*	23	10.4
Oklahoma	18	5.1
Phoenix*	4	2.8
Portland	13	8.4
Tucson*	2	5.7

¹ Age-adjusted rate per 100,000 female population. Rates based on a small number of deaths should be interpreted with caution.

² The 3 IHS Areas that do not have an asterisk (California, Oklahoma, and Portland) appear to have a problem with underreporting of Indian race on death certificates. Therefore a separate IHS rate was calculated excluding these 3 Areas.

Chart 5.3
Number of Hospital Days, FY 1992

The number of inpatient days in IHS and Tribal direct and contract general hospitals was nearly 423,000 in FY 1992. The number varied considerably among the IHS Areas, ranging from 4,026 in California to 82,721 in Navajo.

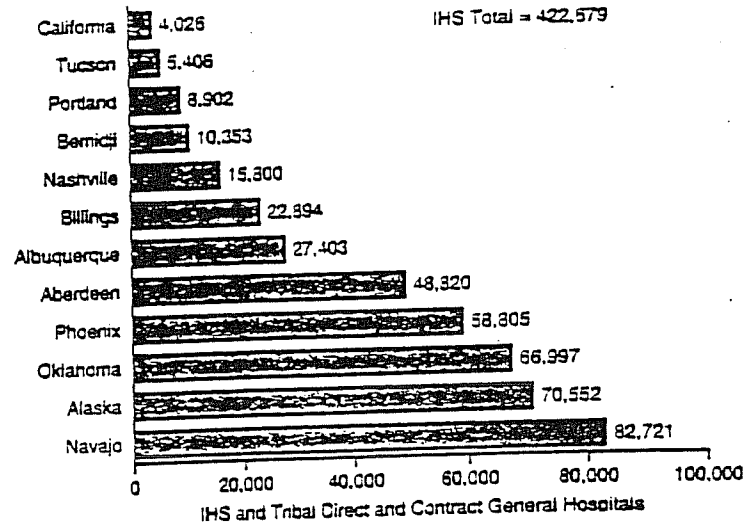


Table 5.3
Number of Hospital Days

Indian Health Service and Tribal Direct and Contract General Hospitals, FY 1992

	Total days	IHS days		Tribal days	
		Direct	Contract	Direct	Contract
All Areas	422,579	277,447	81,889	40,986	22,357
Aberdeen	48,320	32,434	15,396	—	990
Alaska	70,552	37,928	1,540	26,834	4,250
Albuquerque	27,403	21,846	5,557	—	—
Bemidji	10,353	3,312	1,700	—	5,341
Billings	22,394	10,861	12,033	—	—
California	4,026	—	—	—	4,026
Nashville	15,300	6,172	811	4,998	3,319
Navajo	82,721	72,098	10,623	—	—
Oklahoma	66,997	38,774	17,474	9,154	1,595
Phoenix	58,305	50,000	8,698	—	107
Portland	8,902	—	6,673	—	2,229
Tucson	5,406	4,022	1,384	—	—

Sources: IHS Direct: Monthly Report of Inpatient Services
 IHS Contract: Contract Statistical System (Report 31)
 Tribal Direct: Monthly Report of Inpatient Services
 Tribal Contract: IHS Area Submissions

Chart 5.24 Leading Causes of Outpatient Visits

California Area, FY 1992

For the California Area in FY 1992, 15.0 percent of all clinical impressions in Tribal direct and contract facilities pertained to supplementary classifications. This was followed by diseases of the respiratory system at 14.2 percent.

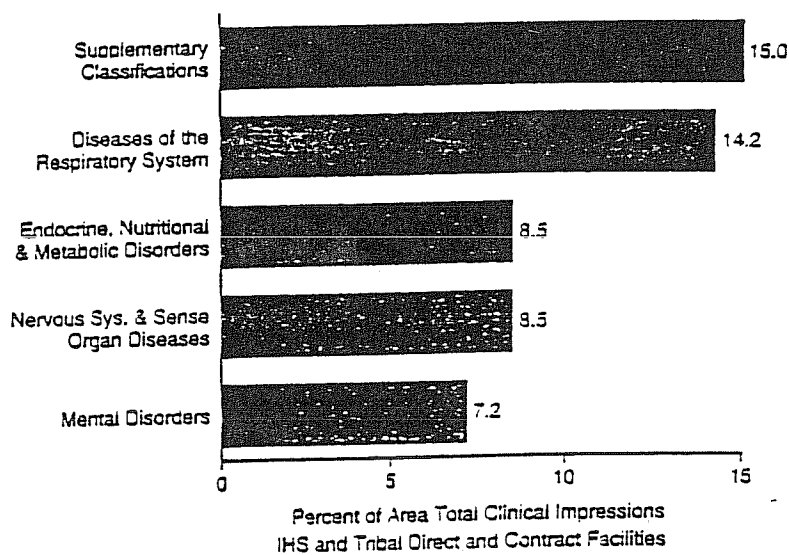
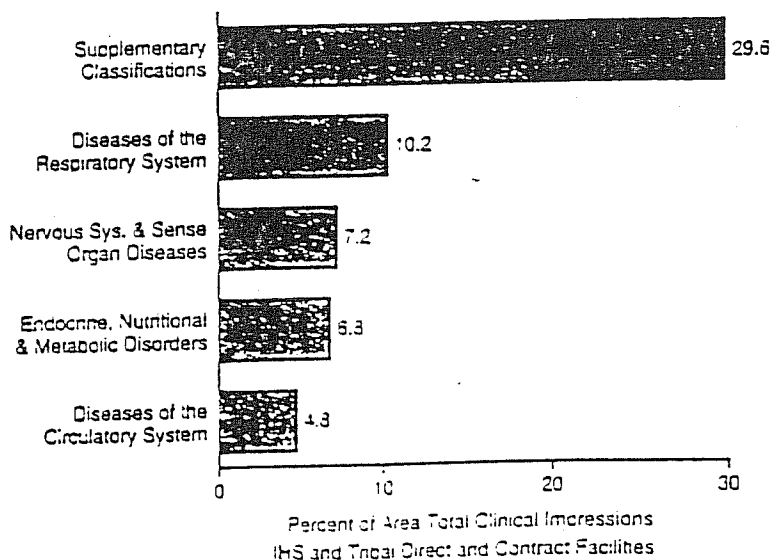


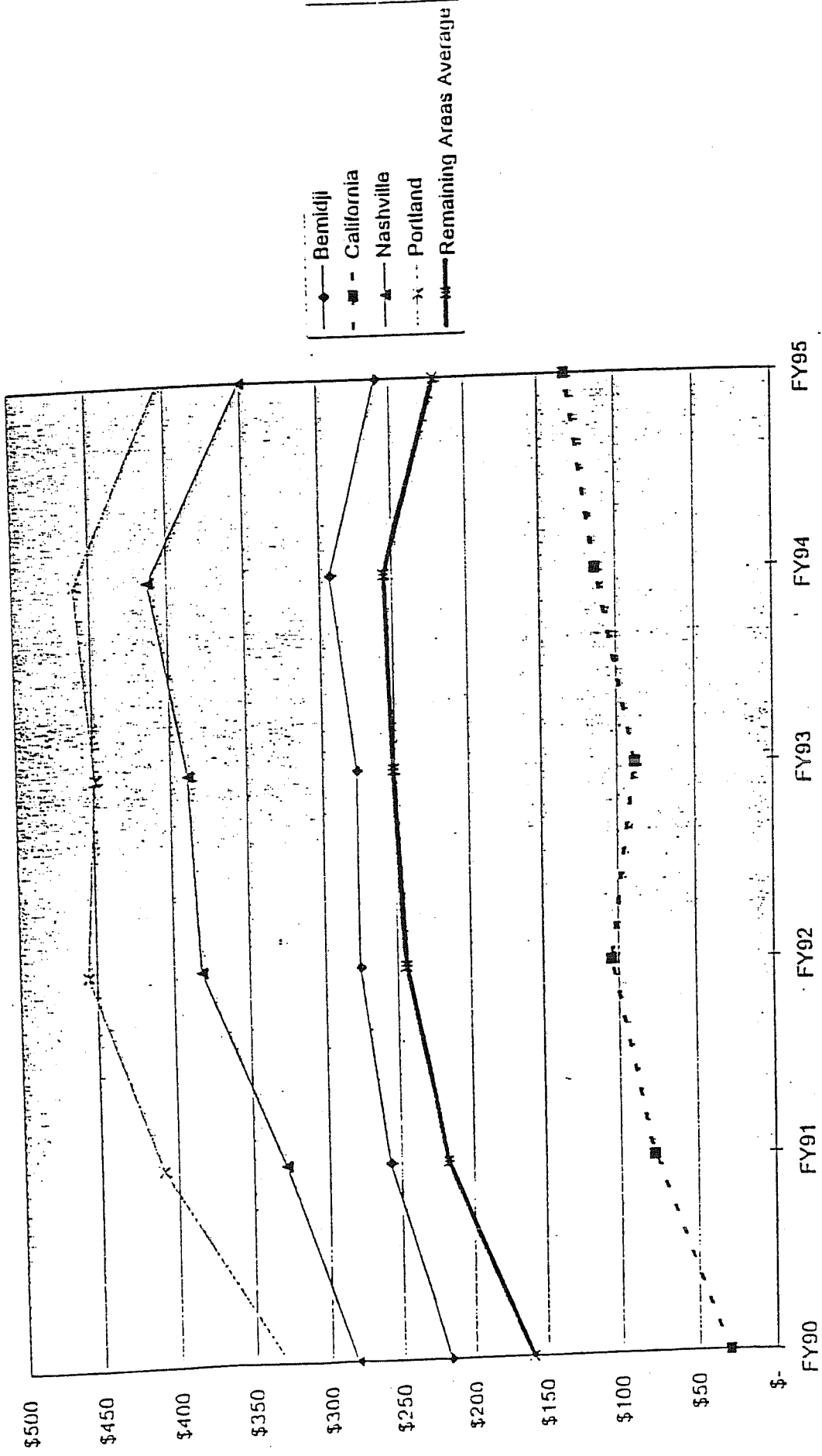
Chart 5.25 Leading Causes of Outpatient Visits

Nashville Area, FY 1992

For the Nashville Area in FY 1992, 29.6 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications. This was followed by diseases of the respiratory system at 10.2 percent.



Per Capita IHS CHS Funding Levels 1990 - 1995
CHS Dependent Areas



CONTRACT CARE ALLOCATIONS

75 5/6 0390
As of December 31, 1994
FY 1995

Area Office	Recurring	Non- Recurring	Total Allocation
Aberdeen	\$40,803,600	\$0	\$40,803,600
Alaska	38,156,300	(27,269,400)	10,886,900
Albuquerque	18,314,600	0	18,314,600
Bemidji	18,857,500	(3,487,700)	15,369,800
Billings	31,924,100	(9,732,781)	22,191,319
California	7,499,800	(414,600)	7,085,200
HQ-West	0	0	0
HQ-Rockville	0	6,072,036	6,072,036
Self-Governance	0	60,493,700	60,493,700
Nashville	14,605,600	(2,520,300)	11,985,300
Navajo	41,335,600	0	41,335,600
Oklahoma	43,926,000	(9,158,100)	34,767,900
Phoenix	30,775,300	(642,005)	30,133,295
Portland	36,651,900	(7,172,800)	29,479,100
Tucson	8,206,900	0	8,206,900
Sub-Total	\$331,057,200	\$6,068,050	\$337,125,250
FY 1994 Appropriation - (75 5/6 0390)			\$350,587,097
Balance Available FY 1995			\$13,461,847

CHIEF STATUS REPORT
FISCAL YEAR 1994

8/05/94

AREA	#	Total JHS Cost	Less \$16K Threshold	Distribution Amount
Aberdeen	62	\$2,220,150	\$1,228,160	\$995,198
Alaska	83	\$3,041,333	\$1,713,333	\$1,450,156
Albuquerque	27	\$854,707	\$422,707	\$339,735
Bemidji	13	\$391,271	\$183,271	\$159,654
Billings	162	\$5,226,386	\$2,634,386	\$2,306,181
California	5	\$199,447	\$119,447	\$99,397
Nashville	26	\$1,154,716	\$738,716	\$651,921
Navajo	134	\$4,058,566	\$1,914,566	\$1,587,162
Oklahoma	114	\$4,082,812	\$2,258,812	\$1,809,749
Phoenix	87	\$3,974,531	\$2,582,531	\$2,136,818
Portland	46	\$1,281,188	\$545,188	\$460,775
Tucson	1	\$20,068	\$4,068	\$3,254
Grand Total	760	\$26,505,175	\$14,345,175	\$12,000,000

FY 1994 CHEF SUBMISSIONS

CASE NO.	PROGRAM	CONTRACT NO.	TOTAL COST	THRESHOLD	NET ELIGIBLE	AMOUNT RECD.
4-CA-001	UNITED INDIAN HEALTH	235-92-0003	\$91,319.00	\$16,000.00	\$75,319.00	\$60,255.00
4-CA-002	CHAPA DE INDIAN HEALTH	235-89-0008	\$27,671.09	\$16,000.00	\$11,671.09	\$11,671.00
4-CA-003	TOIYABE INDIAN HEALTH	235-88-0011	\$28,946.60	\$16,000.00	\$12,946.60	\$10,358.00
4-CA-004	SO. INDIAN HEALTH COUNCIL	235-89-0009	\$27,988.48	\$16,000.00	\$11,988.48	\$9,591.00
4-CA-005	SO. INDIAN HEALTH COUNCIL	235-89-0009	\$23,521.58	\$16,000.00	\$7,521.58	\$7,522.00
4-CA-006	SO. INDIAN HEALTH COUNCIL	235-89-0009	\$20,902.25	\$16,000.00	\$4,902.25	\$4,902.00
4-CA-007	RIVERSIDE/SAN BERNARDINO	235-93-0021	\$30,998.31	\$16,000.00	\$14,998.31	
4-CA-008	SO. INDIAN HEALTH COUNCIL	235-89-0009	\$24,015.37	\$16,000.00	\$8,015.37	\$8,015.00
4-CA-009	TOIYABE INDIAN HEALTH	235-88-0011	\$22,759.37	\$16,000.00	\$6,759.37	
4-CA-010	RIVERSIDE/SAN BERNARDINO	235-93-0021	\$37,159.14	\$16,000.00	\$21,159.14	
4-CA-011	RIVERSIDE/SAN BERNARDINO	235-93-0021	\$78,525.18	\$16,000.00	\$62,525.18	
TOTAL			\$413,006.37	\$176,000.00	\$237,006.37	\$112,314.00

DRAFT**Chapter 5.5 INDIANS AND INDIAN HEALTH SERVICE FACILITIES IN
MEDI-CAL MANAGED CARE PROGRAMS.**

55000. General.

55100. Definitions.

The following definitions shall control the construction of this chapter unless the context requires otherwise.

(a) County organized health system means a Medi-Cal managed care plan contracting with the department to serve enrolled beneficiaries under the authority of Welfare and Institutions Code, Section 14499.5, or Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.8, commencing with Section 14087.5.

(b) Disenrollment is the process under which a member's entitlement to receive services from a Medi-Cal managed care plan is terminated.

(c) Fee-for-service managed care plan means a Medi-Cal managed care plan that does not assume financial risk for the provision of services to its members.

(d) Fee-for-service managed care program means a single fee-for-service managed care plan contracting in a county to provide or arrange for health care services to mandatory enrolled Medi-Cal beneficiaries.

(e) Fee-for-service provider means a provider of services as defined in section 51051 who has been issued a Medi-Cal provider number by the department.

(f) Geographic managed care program means a health care delivery system consisting of Medi-Cal managed care plans contracting with the department under the authority of Welfare and Institutions Code Sections 14089 or 14089.5 to provide services to mandatory enrolled Medi-Cal beneficiaries.

(g) Health care options program means the program established by the department to inform Medi-Cal beneficiaries of their options for receiving Medi-Cal benefits in areas served by Medi-Cal managed care plans other than county organized health systems.

(h) Indian means any person who is eligible under federal law to receive health services provided directly by the United States Department of Health and Human Services, Indian Health Service, or by a tribal or an urban Indian health program funded

DRAFT

by the Indian Health Service to provide health services to eligible individuals either directly or by contract. The definition includes members of an Indian's household.

(I) Indian Health Service Facility means a tribal or urban Indian organization operating health care programs or facilities with funds from the Department of Health and Human Services, Indian Health Service, appropriated pursuant to the Indian Health Care Improvement Act (25 U.S.C. Section 1601) or the Snyder Act (25 U.S.C. Section 13).

(j) Lock-in means the restriction of a member's right to disenroll from a Medi-Cal managed care plan without cause to 30 days in each six month period beginning with the first day of enrollment.

(k) Medi-Cal managed care plan means an entity contracting with the department to provide health care services to enrolled Medi-Cal beneficiaries under Chapter 7, commencing with Section 14000, or Chapter 8, commencing with Section 14200, of Division 9, Part 3, of the Welfare and Institutions Code.

(l) Medi-Cal managed care program means a program established by the department in which participation requirements for beneficiaries and Medi-Cal managed care plans have been standardized. As used in this article, Medi-Cal managed care program includes the two-plan model, Geographic Managed Care, prepaid health plan, primary care case management, and fee-for-service managed care programs.

(m) Member means any Medi-Cal beneficiary who has enrolled in a Medi-Cal managed care plan.

(n) Prepaid health plan program means the Medi-Cal managed care program in which beneficiaries may voluntarily enroll in Medi-Cal managed care plans contracting with the department under Welfare and Institutions Code Section 14200 et. seq.

(o) Primary care case management program means the Medi-Cal managed care program in which beneficiaries may voluntarily enroll in Medi-Cal managed care plans contracting with the department under Welfare and Institutions Code Section 14088 et. seq.

(p) Two plan model means the health care delivery system described in section 53800, consisting of two Medi-Cal managed care plans in a county providing services to mandatory enrolled Medi-Cal beneficiaries.

55110. Enrollment of Indians in Medi-Cal Managed Care Plans.

DRAFT

(a) Indians, including members of Indian households, shall not be required to enroll in any Medi-Cal managed care plans with the exception of county organized health systems.

(b) Indians, including members of Indian households, who are enrolled in a Medi-Cal managed care plan, including county organized health systems, shall not be restricted in their access to Indian Health Service Facilities by the Medi-Cal managed care plan.

(c) Notwithstanding any other regulations in this title, Indians, including members of Indian households, who are enrolled in a Medi-Cal managed care plan other than a county organized health system shall be permitted to disenroll from the Medi-Cal managed care plan without cause as of the beginning of the first calendar month following a full calendar month after the request for disenrollment is made. Indians shall not be subject to any lock-in provisions which may apply to other members of Medi-Cal managed care plans.

55120. Indian Health Service Facility Participation in Medi-Cal Managed Care Programs.

(a) Indian Health Service Facilities may participate in the Medi-Cal managed care program as a subcontractor with a Medi-Cal managed care plan, if agreement is reached between the parties to the subcontract and the subcontract is approved by the department. Approval by the department shall be based on the subcontract's compliance with standards applicable to all subcontracts held by Medi-Cal managed care plans, including standards relative to appropriate reimbursement rates.

(b) In the two-plan model, the department shall require the local initiative to offer a subcontract to each Indian Health Service Facility in the area. If there is no local initiative in a county and the department exercises its option under Section 53800(b)(3), the department shall establish participation standards for Indian Health Service Facilities that provide that at least one Medi-Cal managed care plan participating in the program shall offer a subcontract to each Indian Health Facility in the area. The terms of these subcontracts shall be consistent with the requirements of this chapter and, in other respects, shall be consistent with the terms and conditions offered to other subcontractors providing a similar scope of services.

(c) For mandatory enrollment Medi-Cal managed care program other than the two-plan model and county organized health systems, the department shall establish participation standards for Indian Health Service Facilities that provide that at least one

DRAFT

Medi-Cal managed care plan participating in the program shall offer a subcontract to each Indian Health Facility in the area. The terms of these subcontracts shall be consistent with the requirements of this chapter and, in other respects, shall be consistent with the terms and conditions offered to other subcontractors providing a similar scope of services.

(d) In the two-plan model or in a Geographic Managed Care program, if the Indian Health Service Facility does not participate as a subcontractor, the department shall provide an opportunity for the Indian Health Service Facility to become a fee-for-service managed care plan.

55130. Indian Health Service Facilities as Fee-For-Service Managed Care Plans.

(a) If, under the option provided in section 55120(d), the Indian Health Service Facility elects to become a fee-for-service managed care plan, the Indian Health

Service Facility shall act as voluntarily enroll with the Indian Health Service Facility and shall be responsible to provide or arrange for health care services for its members as agreed to in the contract between the department and the Indian Health Service Facility. The department shall inform Medi-Cal beneficiaries of their option to enroll in the Indian Health Service Facility fee-for-service managed care plan through the health care options program.

(b) To participate as a fee-for-service managed care plan, the Indian Health Service Facility must meet standards established by the department.

55140. Indian Health Service Facility Reimbursement.

Indian Health Service Facilities shall, at their election, receive reasonable cost reimbursement for Medi-Cal benefits provided to eligible Medi-Cal beneficiaries whether the Indian Health Service Facility subcontracts with a Medi-Cal managed care plan or provides services as a fee-for-service managed care plan or a fee-for-service provider, consistent with federal law at Title 42, United States Code, Sections 1396(b) (m) (2) (A) (ix) and 1396 (d) (1) (2), regarding federally qualified health centers. Specific provisions are as follows:

(a) When the Indian Health Service Facility has a subcontract with a Medi-Cal managed care plan, the following reimbursement requirements shall apply:



