

Issue Brief: California Rural Indian Health Board, Inc. (CRIHB) Best Practice: Developing Research Infrastructure to Inform Advocacy

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THE CHALLENGE: LACK OF RELIABLE DATA AND A RESEARCH INFRASTRUCTURE

The California Rural Indian Health Board (CRIHB) has long sought and used health services and policy research to back its advocacy work. Prior to The Endowment's funding, CRIHB's research activities functioned through university subcontracts. However, it recognized that a formal and sustained research infrastructure within CRIHB itself could integrate data projects (health policy, health services, and health status improvement) and functions (clinic advocacy, funding, performance, and outcomes). California's rural American Indian/Alaska Natives (AI/AN) populations are sparsely represented and often misclassified in state health-related databases. Consequently, there is no reliable data on diseases, injuries, and health behaviors for this population. An established research infrastructure could improve information available about their health status and health services.

THE SOLUTION: THE ENDOWMENT SUPPORTS RESEARCH THAT ATTRACTS SUSTAINED FUNDING

From 2001-2003, CRIHB demonstrated how information about the unmet AI/AN health needs could be linked to health policy improvement. From 2004-2007, CRIHB not only improved the data available for advocacy and increased clinic funding, but it also improved services at the clinic level. With Endowment support, CRIHB was able to produce research grants, databases, and advocacy research products that were used to attract additional funding. The CRIHB research unit requires a budget of at least \$400,000 a year in personnel costs. This funding has been raised entirely by new sources of grant funding that were not available to CRIHB before.

- CRIHB has received funding from the Indian Health Service to begin the development of the California

Tribal EpiCenter Collaborative with two non-CRIHB Tribal Health Programs in Southern California. The EpiCenter works on behalf of the health needs of all AI/AN who use Indian owned and operated Tribal Health Program clinics, not just CRIHB member Tribal Health Program clinics.

- CRIHB also received funding from the Centers for Disease Control and Prevention to begin a consortium with two regional Tribal EpiCenters (Northwest and Southern Midwest) to begin the coordinated efforts of Tribal EpiCenters nationally to catalogue and coordinate health information methods and public health programs among tribal clinics. It produces toolkits for tribal clinics to help improve community health status.
- With funding from the federal Agency for Healthcare Research and Quality, CRIHB formed the Native American Research Center in Health, which has worked to determine whether Indian Health Service (IHS) funding of Tribal Health Program clinics has an effect on hospitalizations of AI/AN and whether these hospital admissions are preventable with access to effective ambulatory care.

These funding sources have established a CRIHB Research Director position, a California EpiCenter Program Coordinator, and an Associate Epidemiologist. CRIHB's success has involved partnering with member Tribal Health Program clinics, other Tribal Health Programs, tribal leaders, Tribal EpiCenters nationally, university researchers, and others. CRIHB has been asked to partner with these groups because it is widely viewed as a source of reliable data and it has developed methods documenting the needs of Tribal health Programs and the AI/AN served in terms that advocates can use to make their case with state, local, and national governments.

SUCCESS: RESEARCH IMPACTS CLINICS AND POLICY

CRIHB has used this additional expertise to analyze the complex relationship between clinic funding, measures of performance of care, and desirable health outcomes of the AI/AN who use the clinics. These resources have enabled the organization to implement electronic health records to improve the quality of care, to determine Tribal Health Program service areas in need of public health projects, and to seek new ways for Tribal Health Programs to obtain Medicaid and Medicare revenues. CRIHB has presented this data to funders about the size and impact of the unmet AI/AN medical needs, and how they compare to the needs of others who also are advocating for support. This research-based advocacy has resulted in policy successes, including:

Research on Disparities Used in Advocacy: CRIHB analyzed data about the health status, health services, and socioeconomic status for California Tribal Health Program clinic users and compared results with those of other comparable groups. It now has information about AI/AN who are accurately classified that can be reasonably compared to that of White non-Hispanics living in the service areas of the clinics. CRIHB disseminated the results in Community Health Profile booklets for each of the 24 largest tribal health program clinic systems in California to all the Tribal Health Program clinics in California (not just CRIHB member Tribal Health Program clinics), and has produced numerous Summary Reports, fact sheets, published articles, and presentations. This information has been used in advocacy and grant applications to bring more resources to all the community clinic systems.

Research about AI/AN Hospitalizations Changes IHS Policy: CRIHB determined that for Tribal Health Programs with less than 60 percent of funding for health care costs, the preventable hospitalization rate dropped 12 percent for every increase of 10 percent of funded costs. The evidence is being used to argue for a change of IHS policy funding so that at least 60 percent of the health care costs of the AI/AN who use the programs are covered, instead of the current 40 percent. The results were taken to the President's Office of the Management of the Budget (OMB) who has used the evidence to discuss changes in IHS funding policies with the Director of the agency. OMB staff members are planning a site visit to California Tribal Health Programs in Spring 2007 to better understand the role of tribes and the government in providing care to AI/AN in California.

LESSONS LEARNED

There is extensive clinic data available in California to clinic consortia and health policy researchers to document the effectiveness of funding Tribal Health Programs and the unmet needs of AI/AN in California. CRIHB encourages clinic consortia to establish research units because the availability of funding for research in clinics is growing. Consortia research units have the potential to greatly expand valuable data and partnerships that can be used in advocacy.

LOOKING FORWARD

CRIHB succeeded in attracting funding to support the Research Unit for the next four years. In addition, new grants and contracts are being developed regularly to expand the research efforts and areas of quality of care and outcomes that are funded in CRIHB member clinics. For example, CRIHB is collaborating with the National Indian Health Board CMS Data Committee to design the informational data reports so that the Indian Health Boards around the country know whether they are receiving adequate Medicaid and Medicare revenues to which they are entitled.

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