Gerald L. Ignace Indian Health Center, Inc.
(GLIIHC)
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http://gliihc.net/default.aspx

Mission: The mission of the Gerald L. Ignace Indian Health Center, Inc. is to improve the health, peace and welfare of Milwaukee's urban Indian community. Tradition reminds us that in order to heal, every part of a human being must be addressed-the mind, body, spirit and emotions. It does not stop there; it also involves the whole family including the community.

The Gerald L Ignace Indian Health Center is home to the medical clinic and our social services department located in the All Nation's Wellness Center.

The medical clinic is an ambulatory family practice model, which means our providers can address a broad range of medical services for any age, from birth to Elder.

Our emphasis is on providing preventive, diagnostic, routine and ongoing health maintenance care. In addition, our providers can make arrangements for seeing specialists, if necessary, and/or hospitalization.

Services include: Laboratory, prescriptions (off-site), immunizations, health checks, family planning, OB/GYN-pre and postnatal external referral, diabetic program, podiatry, referrals, fitness center, transportation program, 340B prescription drug program, dental referrals (off-site), School Nurse Program (at the Indian Community School), and nutritional counseling and classes, one on one counseling, psychiatry services once per month, behavioral health integration, talking circles, AODA support group, personnel care services and access to many other referral services.

GLIIHC is operates on a contract and various grants from Indian Health Service. GLIIHC also receives grants from other foundations locally nationally and we do third party billing. We are a Federally Qualified Health Center Look-A-Like (FQHC) which supplements our services that we provide to our people.

The urban Indian programs from IHS were zeroed out by the prior administration over the last four years, which happens to be one of our major funding sources.

The 2000 census indicated that more than 4 million Americans were of American Indian and Alaska Native heritage. Of those, approximately 60% lived in urban areas, with 25% (approximately 605,000) of them residing in counties served by urban Indian health programs authorized and funded through Public Law (P.L.) 94-437, Title V.

CHALLENGES:

Please advocate for the language in all funding opportunities whether it is at the national, state or local level to be changed to include "Urban Indians" or "Urban Indian programs" we are continually excluded because we do not reside on a reservation or rural communities.

American Recovery and Reinvestment Act of 2009 (ARRA),

- Indian Health Service received 500 million, the Urban programs were excluded
- Community Health Centers received $2 billion, FQHC look-a-likes were excluded

Badger Care + Core Plan-Health Care for Adults with No Dependent Children emphasizes preventive health but under this plan our Diabetic Patients do not have medical coverage for:

- Routine vision exams
- Podiatrist Services

Badger Care + Core Plan-Health Care for Adults with No Dependent Children DOES NOT COVER:

- Inpatient mental health and substance abuse treatment services One on One visits for Psychiatry, Behavioral Health or Substance Abuse
- Substance Abuse coverage for abuses in the areas of meth/crack, prescriptions drugs
- Non-emergency transportation

There is a lack of psychiatric services for the un-insured/under insured and lack of affordable medications for these patients.

Being a referral specialist at Gerald L. Ignace Indian Health Center the major health concerns that arise are access and barriers to health insurance which is not limited to dental and mental health.

Although the state did implement the Badger Care Core Plus for Childless Adults, patients face several barriers enrolling in the program.

- Having telephone/ internet access is one issue, many patients are computer illiterate or they do not have any access to a computer.

- Access to a telephone to call and enroll or there is not enough "minutes" on their cell phone (which takes about an hour)
- Paying the fee in which many patients are unemployed. I f they do have the funds to pay it is mainly cash. Payments are only accepted by debit/credit card-many patients do not have bank accounts, or cards.

Patients who have Medicaid have a selective choice when it comes to specialists and hospitals they may want to use.

- If a patient needs to see a specialist it may take several weeks before they are able to get an appointment. This is due to the HMO a patient may be enrolled in, only a certain amount of specialists may take only a percentage of HMO patients.
- For testing such as; diagnostic, preventable -patients are only able to go to hospitals that are in network. Choice of hospital is not an option, thus increases the number of no-shows to appointments, due to location of hospital.

Individual accountability-patients are not taking responsibility for their own health.

- Many patients do not keep, or make their medical appointments such as; pap/pelvic, physical, mammogram, diabetic checks, colonoscopy exams. Preventable services that are vital to a patients well being.
- Patients often wait until something is wrong then they will see a doctor, causing more of a cost effect on the health system.
- Medication management, patients sometimes are unaware of what medication they are on, or they simply don't take their medication as directed.
- Social problems cause health care to be the last item on their list, feeling the need to put their healthcare not as a priority rather than focusing on their bills, child care, work, etc.