

WIND RIVER

RESOURCES REQUIRED TO RAISE WIND RIVER AVAILABLE RESOURCES TO PARITY WITH NATIONAL HEALTH EXPENDITURES

This report calculates 2020 required and available resources for tribes of the Wind River Reservation of Wyoming – Northern Arapaho and Eastern Shoshone Business Council. These calculations streamline methods and data that IHS used in its 2018 calculations for all tribes.

EXECUTIVE SUMMARY

The Indian Health Service (IHS) in 2018 compared required health care resources to available IHS resources (2017 data). This report updates that comparison to 2020 for the Wind River Reservation of Wyoming (Northern Arapaho and Eastern Shoshone Business Council tribes).

Methods

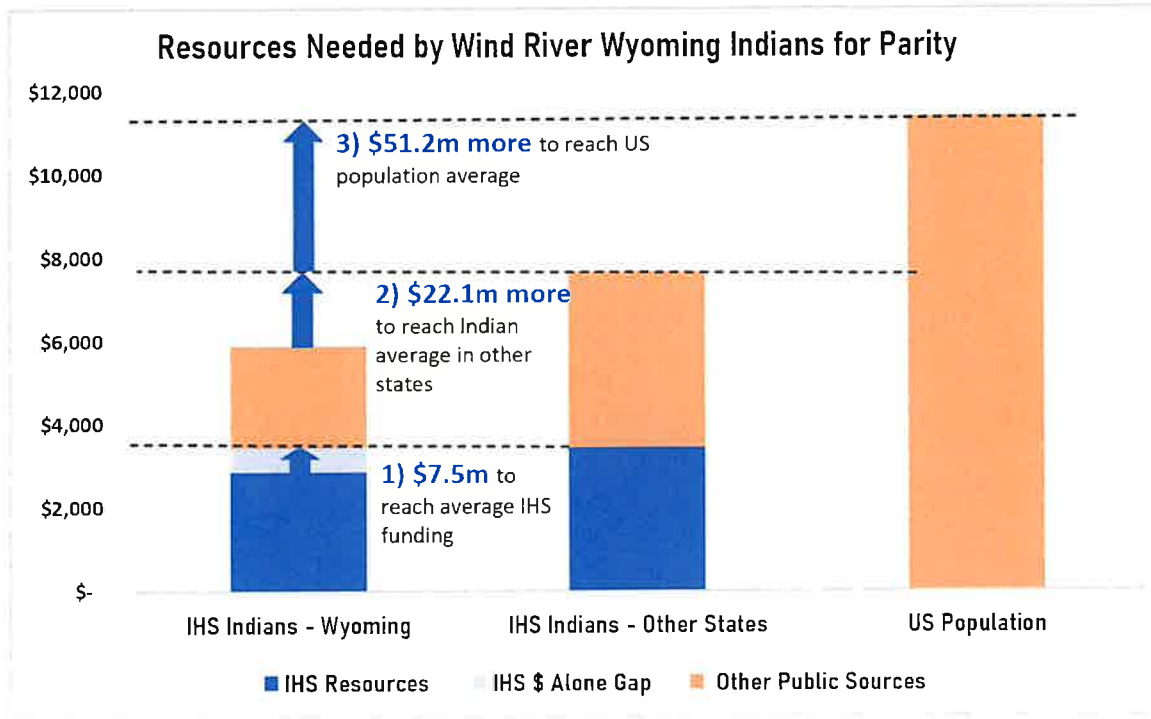
These calculations streamline methods that IHS used in its 2018 calculations. The IHS methodology includes two categories of calculation - macro and micro. Macro calculations apply to IHS overall, e.g., total IHS user counts multiplied by a resource target tied to national health expenditures per person, less alternate resources, less IHS resources available. Micro calculations refine macro data for local tribal health care service areas. The 2020 Wind River service area calculations adjust for local variations in economic conditions, alternate resource variations (state-to-state variations in insurance such as Medicare, Medicaid, and ACA based coverage), and regional variations in Indian population health status. The micro data factors, measured in detail by IHS in 2017, generally evolve slowly and can be referenced for several years without comprehensive overhaul. Our 2020 Wind River calculations recalibrated local micro factors in proportion to 2020 macro data for consistency.

2020 Findings Compared to 2017

- Wind River user count was 12,503 in 2020, 10% increase over 2017.
- After deducting \$2,427 for alternate resources available in 2020 to Wyoming Indians, the net resource requirement is \$9,329 per Wind River user, an 18.3% increase the 2017 amount.
- IHS resources benefiting each Wind River user was \$2,868 in 2020, 4.6% increase over 2017.
- The Wind River available resource percentage decreased from 34.8% in 2017 to 30.7% in 2020, a decrease of 4.1%.
- In 2018, Wyoming ranked last among states (34.8%). The resource gap worsened in 2020 by decreasing to 30.7%. The 2020 resource gap for Wyoming was \$6,466 per IHS user.

Conclusion - Resources required for Wind River Indians to reach parity

<i>FUNDING GAPS FOR WIND RIVER WYOMING INDIANS</i>	<i>WR Per User Actual</i>	<i>Per User Parity</i>	<i>FUNDING GAP (each stands alone)</i>
1) WY Indians to reach parity with IHS funds alone	2,863	3,461	7,478,000
2) WY Indians to reach resource parity with other states	2,427	4,196	22,118,000
3) WY Indians to reach average US health expenditures	5,290	11,756	51,248,000
(Also see related chart on next page)	CUMULATIVE TOTAL GAP		80,844,000



The chart illustrates per person and total health care funding gaps for Wind River Wyoming Indians compared to IHS resources alone, resources available to Indians in other IHS served states, and to US average national health expenditures.

1) **\$7.5 million** over existing Wind River resources is required to reach simple numerical funding parity considering only IHS provided resources. However, \$7.5 million for Wind River Indians will not alone achieve health services parity for them – see chart above for the gap in other public resources available to Wyoming Indians compared to amounts available to IHS served Indians in other states.

2) Unlike most states served by IHS, Wyoming has not expanded Medicaid. Unless an additional **\$22.1 million** is provided to compensate, health care services that can be provided to Wind River Wyoming Indians will remain significantly less than is available to IHS served Indians in other states.

3) In addition, **\$51.2 million more** is required to achieve full parity with US average health expenditures.

Cumulatively, a grand total of **\$80.8 million** is required to reach full parity with the US population.