



Annual Report
Native American Legislative Liaison Committee
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American Indian/Alaska Native Health in Utah

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The American Indian/Alaska Native Health Liaison, Health Policy Consultant is located in the Utah Department of Health, Office of American Indian/Alaska Native Health Affairs. The mission statement; *To raise the health status of Utah's American Indian/Alaska Native (AI/AN) population to that of Utah's general population.*

The primary goal of the AI/AN Health Liaison is to promote and coordinate collaborative efforts between the Department, and Utah's AI/AN population to improve the availability and accessibility of quality health care both on and off the reservation. There are three primary objectives for achieving this goal;

- Interact with the following to improve health disparities:
 - Tribal Leadership,
 - Tribal Health programs,
 - Local Health Departments,
 - State agencies and officials,
 - Providers of health care in the private sector.

- Facilitate education, training, and technical assistance regarding public health & medical assistance programs to Utah's AI/AN population.

- Staff an Advisory Board (Utah Indian Health Advisory Board) by which Utah's tribes may consult with state, federal and local agencies for the development & improvement of public health policy and programs to improve health care for Utah's AI/AN population both on & off the reservation. Current goals include, but are not limited to:
 - Improve outcome in behavioral choices of;
 - Diabetes/ Obesity
 - Strengthening families; Women's Health & Maternal Child Health
 - Behavioral & Mental Health
 - Improving access to services & reimbursements
 - Immunizations
 - Tribal Consultation Policy
 - Community partnering and collaboration

- In addition, the AI/AN Health Liaison is to provide an annual report on the activities and accomplishments to the Native American Legislative Liaison Committee (NALLC).

UTAH INDIAN HEALTH IN 2014

I. Strengths

- A. Improved communication between state agencies addressing health care, policy, implementation, and the IHS/Tribal/Urban Indian Health (I/T/U) programs
 - UDOH Tribal Consultation Policy
 - UDOH Indian Health Liaison designation to focus and work with I/T/U directly
 - UDOH Model utilized within the DHS and the DWS
 - Utah Indian Health Advisory Board (UIHAB) – comprised of Tribally appointed health representatives
- B. Improved Preventative health education and outreach
 - Emergency Preparedness
 - Diabetes/Obesity
 - Cancer
 - Tobacco Coalitions
 - Behavioral health
- C. Improved Access
 - Medicaid and CHIP outreach and enrollment
 - Affordable Care Act (ACA) & Indian Health Care Improvement Act (IHCA)
 - Emergency Medical Services
 - Certification & training opportunities
- D. Improved resources & reimbursements to the I/T/U programs

II. Weaknesses

- A. No qualified, educated American Indians to provide care to American Indian patients at Tribal and Urban clinics
- B. Data – lack of data sharing specific to American Indians between Tribal and urban Indian health programs and the state
- C. Trust – although there have been significant improvements in communication; there remains a lack of trust between the Tribes and the State.
- D. Tribal Health program capacity. Many tribal programs are operated by a skeleton staff, of which many have multiple roles within the programs.
- E. Funding for tribal and urban Indian health programs; federal, state and local levels are increasingly competitive and not always inclusive of the Indian health programs.

III. Opportunities

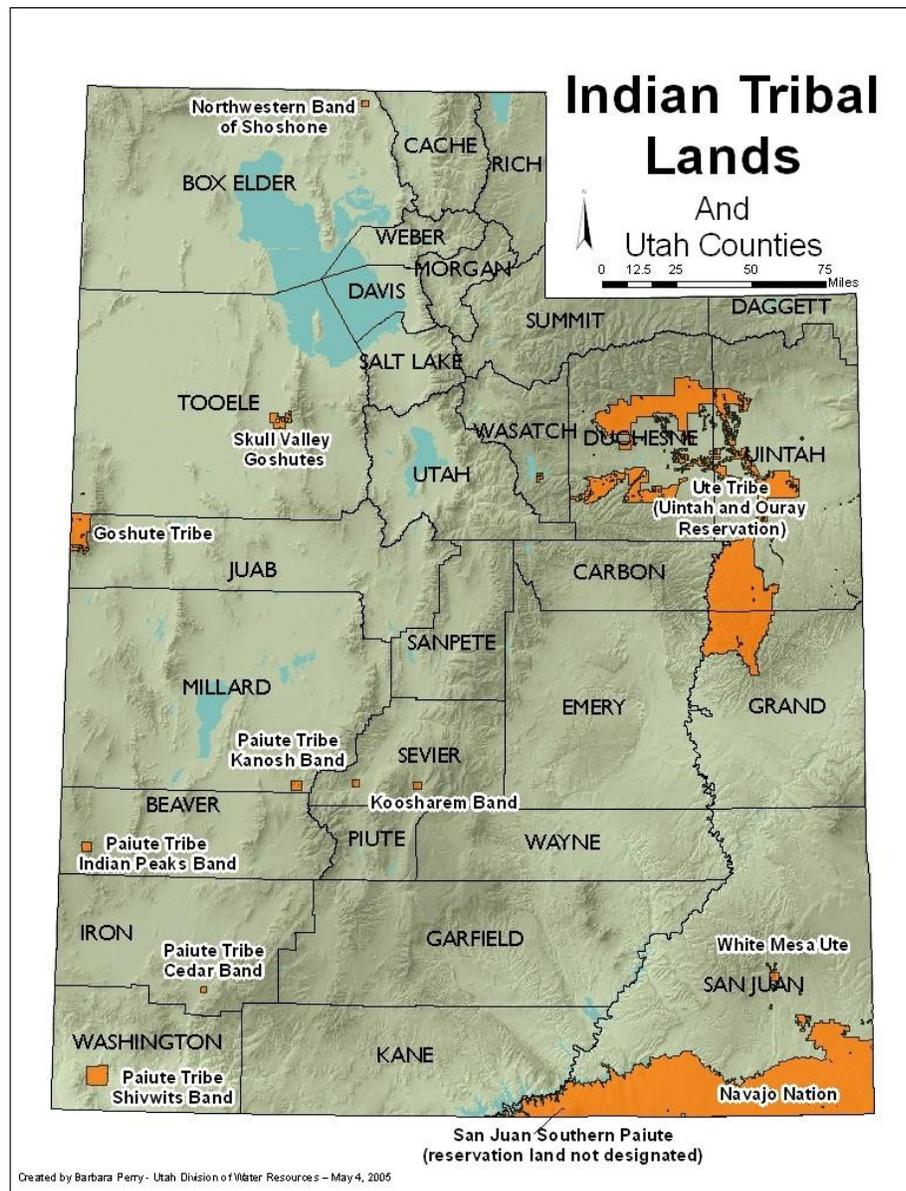
- A. Collaboration and partnership development between;
 - Institutions of higher education and the I/T/U,
 - Tribal and Urban Indian health programs,
 - Community partners
- B. Improvement in processes at the Tribal and Urban Indian health program level to access health programs and activities. Tribal programs are not always able to access what is available.
- C. Increasing awareness of Indian Health Issues and consultation requirements among other state agency programs and with Utah's leadership.
- D. Policy changes enhancing the state and I/T/U's to share data
- E. Geography – Utah's AI/AN population live in very rural and frontier parts of the state where access is minimal.

IV. Threats

- A. Federal Government shut down directly impacted direct health care services to Indian Health programs across the state.
- B. Funding of the Indian Health System. Programs are already underfunded. Sequestration has impacted tribal and urban programs directly. Fear this is eroding tribal sovereignty through treaty rights.

Threats continued

- C. Medicaid Expansion opportunities. Tribal programs utilize current resources for improving access to care and improving health outcomes in their communities.
- D. Poverty
 - Very limited employment on reservations. Many try to move to the urban settings for work, but then lose the IHS or Tribal health coverage.
 - Education is improving, but no mechanism to apply it on the reservation. Sense of isolation impacts health, behavioral health, & substance abuse.
- E. Contract Health- 180 day rule. Many AI/AN's leave reservations to work and go to school, and lose the IHS/Tribal access to health care.



ACTION STEPS IN INDIAN HEALTH FOR 2014

Each year the Utah Indian Health Advisory Board (UIHAB), comprised of appointed health representatives from the 8 tribes and urban Indian organization in Utah, holds a retreat to address health issues, concerns, and policies impacting their communities. They review, revise and develop new goals, objectives, and action steps targeting overall improvements to health care and access in their communities. In collaboration with the Utah Department of Health (UDOH), strategies are developed to initiate those action items. Below is a summary of some action steps as they correlate to the Indian health assessment.

1. Collaboration & Partnership Development –

- a. The UIHAB identified women’s health issues as an important step to strengthen families. Utilizing data from the UDOH, only 51% of AI/AN women have received a mammogram. In collaboration with the American Cancer Society (ACS) Circle of Life Cancer Education, the UDOH, the UIHAB and two Tribal Epidemiology Centers, the ACS held a two day training in SLC for tribal and urban Indian health program staff to learn skills in educating their communities on prevention strategies and screening tests. In addition, the UIHAB has partnered with Mountain Medical Mobile Mammography to visit those reservations with minimal to no access to this test. This event addresses issues identified in number II B, C, & D and III A, B, E of the assessment, and supports improvement in access identified in I B & C.

2. Tribal Health Program Capacity -

- a. In Consultation with the UIHAB, the UDOH’s AI/AN Health Affairs and the Home Visiting program have requested, as part of the Home Visiting grant, to specifically address the tribal and urban Indian health program capacity issue to improve staffing with trained paraprofessionals from the communities. The proposal includes the replication of the Johns Hopkins evidence-based and culturally tailored home-visiting intervention program, The Family Spirit Program, to all eight Tribal health and urban Indian programs in Utah. This proposal addresses issues identified in II A, D & E, and III A & B, and IV D of the assessment. In addition, this activity supports I A, B & C.
- b. In Consultation with the UIHAB, the UDOH and the UDOH’s AI/AN Health Affairs included Tribal and Urban Indian programs in the Utah State Innovation Model Grant proposal to address Diabetes, Obesity and Behavioral health initiatives. This action step addresses issues noted in II B, D, & E, and II A, B, & C, and IV B of the assessment. In addition, this activity supports I A, B, C & D.

3. Data Sharing –

- a. The UDOH Center for Health Data and the AI/AN Health Affairs are collaborating with the Navajo Nation and Inter Tribal Council of Arizona Tribal Epidemiology Centers to draft Memorandum of Understandings (MOU) to share public health data between the State of Utah and some of the Utah tribes. This step will assist to improve the public health surveillance with the tribal areas and the State of Utah, and help to identify areas of need for the tribes and the state to work together to improve health outcomes in the tribal communities. This action step addresses issues identified in II B & C, and III A & D, and strengthens I B.

4. Medicaid Opportunities -

- a. In collaboration, partnership and consultation with Medicaid and the UIHAB, AI/AN enrollment and eligibility for Utah Medicaid programs has increased approximately 10% thus far in 2014. This ongoing action step addresses II C, III A, B & E, and IV C & E and strengthens I A, C & D.