



**Annual Report**  
**Native American Legislative Liaison Committee**  
**November 21, 2013**  
American Indian/Alaska Native Health in Utah

Submitted by:  
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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 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:
  - Community partnering and collaboration
  - Improve outcome in behavioral choices of;
    - Diabetes
    - Obesity
    - Mental Health
    - Improving access to services & reimbursements
    - Immunizations
  - Tribal Consultation Policy
  
- 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 2013

### Strengths

- 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)
- Improved Preventative health education and outreach
  - Preparedness
  - Diabetes
  - Tobacco Coalitions
  - Behavioral health
- Improved Access
  - Medicaid and CHIP outreach and enrollment
  - Affordable Care Act (ACA) & Indian Health Care Improvement Act (IHCA)
  - Emergency Medical Services
  - Certification & training opportunities
- Improved resources & reimbursements to the I/T/U programs

### Weaknesses

- No qualified, educated American Indians to provide care to American Indian patients at Tribal and Urban clinics
- Data – lack of data sharing specific to American Indians between Tribal and urban Indian health programs and the state
- Trust – although there have been significant improvements in communication; there remains a lack of trust between the Tribes and the State.
- Tribal Health program capacity. Many tribal programs are operated by a skeleton staff, of which many have multiple roles within the programs.
- 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.

### Opportunities

- Collaboration and partnership development between;
  - Institutions of higher education and the I/T/U,
  - Tribal and Urban Indian health programs,
  - Community partners
- 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.
- Increasing awareness of Indian Health Issues and consultation requirements among other state agency programs and with Utah's leadership.
- Policy changes enhancing the state and I/T/U's to share data
- Geography – Utah's AI/AN population live in very rural and frontier parts of the state where access is minimal.

### Threats

- Federal Government shut down directly impacted direct health care services to Indian Health programs across the state.
- 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

- Medicaid Expansion opportunities. Tribal programs utilize current resources for improving access to care and improving health outcomes in their communities.
- Poverty
  - Very limited employment on reservation. Many try to move to the urban settings for work, but then lose the IHS coverage.
  - Education is improving, but no mechanism to apply it on the reservation. Sense of isolation impacts health, behavioral health, & substance abuse.
- 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.

