



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

Submitted by:

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OVERVIEW

The Utah Department of Health (UDOH) American Indian/Alaska Native (AIAN) Health Affairs is located in the Utah Department of Health's Executive Directors Office. The Department's Vision for Utah is to be a place where *all* people can enjoy the best health possible, where *all* can live and thrive in healthy and safe communities. Historically, AIAN's living in Utah suffer higher rates of health disparities, including chronic disease and poverty, than other groups and Utah overall (appendix A). The mission of AIAN Health Affairs is to raise the health status of the AIAN population in Utah to that of the general population in Utah.

The primary goal for AIAN Health Affairs is to promote and coordinate collaborative efforts between the Department, Tribal Governments, state and local partners and AIAN communities throughout Utah; to improve both availability and accessibility of quality health care and health care resources both on and off the reservations (SB 33, 2001 General Session). There are three primary objectives for achieving this goal;

- Advance improvement of health disparities in collaboration with:
 - Tribal governments and leadership,
 - Tribal health agencies and officials,
 - State agencies and officials,
 - Local Health Departments,
 - Health care providers in the private sector.

- Assess gaps in health and public health access, facilitate education, training, and technical assistance regarding public health & medical assistance programs to the AIAN population throughout Utah.

- 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 and improvement of public health policy and programs focused to increase access of health care and service to the AIAN population on & off the reservations.

Current goals include, but are not limited to:

- Formal Tribal Consultation
- Improve outcomes targeting;
 - Medicaid and Medicaid Expansion
 - Access to Public Health services, programs
 - Opioids
 - Strengthening families
 - Data collection, analysis, reporting, and securing Data Sharing Agreements
- Public Health Emergency Preparedness & Infectious Disease Response Planning
- Community partnering and collaboration

DEMOGRAPHICS

According to the 2019 Kem C. Garner Policy Institute demographic report, American Indians/Alaska Natives (AIAN) comprise 2% of Utah's population (~ 62,300). Between 2010-2018, the population increased by approximately 11%. Roughly 30% are children ages 0-17, ~71% are 18-64 and ~6% are 65 years of age and older. The five counties with the largest AIAN populations include; San Juan (57%), Washington (11%), Salt Lake (7%), Uintah (7%) & Utah (5%) counties. Approximately 13,500 (22%) of AIAN's live along the Wasatch Front.

INDIAN HEALTH IN UTAH 2019

STRENGTHS	WEAKNESS
<p>A. <i>Improved communication between state agencies addressing health care, health policy, implementation, and the Indian Health Services (IHS)/Tribal/Urban Indian Health (I/T/U) programs</i></p> <ul style="list-style-type: none"> ✦ UDOH Tribal Consultation Policy ✦ UDOH Indian Health Liaison designation to focus and work directly with I/T/U ✦ UDOH model utilized within the DHS and the DWS ✦ Utah Indian Health Advisory Board (UIHAB) –Tribally appointed health representatives & the Urban Indian Organization (UIO) representative(s) ✦ Elevation of AIAN Health Affairs to the UDOH EDO (2016) <p>B. <i>Improved preventative health education and outreach</i></p> <ul style="list-style-type: none"> ✦ Opioid Crisis & Naloxone training ✦ Maternal Child & Adolescence Health ✦ Emergency Preparedness & Infectious Disease Planning ✦ Cancer outreach & screening ✦ Behavioral health integration <p>C. <i>Improved access (ongoing goal)</i></p> <ul style="list-style-type: none"> ✦ Medicaid and CHIP outreach and enrollment ✦ Indian Health Care Improvement Act (IHCIA) & Affordable Care Act (ACA) ✦ Certification & training opportunities ✦ Transportation <p>D. <i>Tribal Sovereignty</i></p> <ul style="list-style-type: none"> ✦ Ability of Tribal governments to operate health, public health and behavioral health care services. 	<p>A. <i>Funding (UDOH Capacity)</i></p> <ul style="list-style-type: none"> ✦ Projects are initiated, however cannot be sustained due to lack of resources. <p>B. <i>Data</i></p> <ul style="list-style-type: none"> ✦ Limited state capacity to address the overall health status of the AIAN population in UT. ✦ Data sharing limitations specific to AIAN's between IHS, Tribal and urban Indian health programs and the state <p>C. <i>Trust</i></p> <ul style="list-style-type: none"> ✦ Although improvements in communication are noted, historical lack of trust between the Tribe and State governments exists. <p>D. <i>Tribal health program capacity</i></p> <ul style="list-style-type: none"> ✦ Many tribal programs are operated by a skeleton staff. Many individuals have multiple roles within the programs. <p>E. <i>Health professional's shortage</i></p> <ul style="list-style-type: none"> ✦ Limited qualified American Indian professionals to provide care at Tribal and Urban clinics. ✦ Statewide shortage of health care personals in rural areas. <p>F. <i>High Mobility (lose folks)</i></p> <ul style="list-style-type: none"> ✦ Highly mobile population between urban & rural settings; work and educational opportunities. Direct impact on access & eligibility for I/T/U programs & resources.

OPPORTUNITIES	THREATS
<p>A. <i>Collaboration and partnership development between;</i></p> <ul style="list-style-type: none"> ■ Institutions of higher education and the I/T/U, ■ Tribal and UIO health programs, ■ Community partners, ■ Regional Tribal Epi Centers (TEC) <p>B. <i>Improvement of Health programs and activities</i></p> <ul style="list-style-type: none"> ■ Improvement in processes at the Tribal and UIO level to access programs & activities that have not always been accessible or available in the past. <p>C. <i>Increasing awareness of Indian Health Issues and consultation requirements</i></p> <ul style="list-style-type: none"> ■ State agency programs and Utah's leadership. <p>D. <i>Policy changes enhancing the state and I/T/U's to share data</i></p> <ul style="list-style-type: none"> ■ Development & implementation of MOU/MOA's ■ Intra agency program awareness for data sharing development <p>E. <i>National organizations improving capacity</i></p> <ul style="list-style-type: none"> ■ Outreach to Tribal and Urban programs focusing on policy development, technical assistance and support, ■ State partnerships 	<p>A. <i>Funding of the Indian Health System</i></p> <ul style="list-style-type: none"> ■ Competition for decreasing resources (state and federal), ■ Tribal and urban Indian health programs are competing more often with state and local programs, ■ Federal resources are increasingly limited or not reauthorized, ■ Erosion of tribal sovereignty through lack of acknowledging treaty rights <p>B. <i>Poverty</i></p> <ul style="list-style-type: none"> ■ Very limited employment opportunities on reservations, ■ Sense of isolation impacts health, behavioral health, & substance abuse, ■ Limited Economic Development opportunities available to Tribal governments <p>C. <i>Absence of complete Medicaid Expansion</i></p> <ul style="list-style-type: none"> ■ Tribal programs utilize current limited Medicaid resources for improving access to care and health outcomes in their communities. Expansion would provide increase in resources of care currently being provided. <p>D. <i>Geography</i></p> <ul style="list-style-type: none"> ■ The AIAN population live in rural and frontier parts of the state. Access is minimal and transportation can be difficult in order to access care. <p>E. <i>Purchase Referred Care (PRC)- 180-day rule</i></p> <ul style="list-style-type: none"> ■ As some AIAN's leave reservations for employment & educational opportunities, they lose their IHS /Tribal eligibility to access that piece of the Indian health care system.

ACTION STEPS IN INDIAN HEALTH FOR 2019

Each year the Utah Indian Health Advisory Board (UIHAB), comprised of appointed health representatives from the 8 tribes (those who choose to participate) and Urban Indian Organization (UIO) in Utah, hold 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 accessibility to health care in their communities. The areas determined for focus in 2019 -2020 include:

- ✦ Medicaid/ Medicaid Expansion
- ✦ Strengthening Families
 - Women's Health,
 - Maternal Child and Adolescent Health (MCH),
 - Women Infant and Children (WIC)
 - Home Visiting
- ✦ Obesity/Diabetes
 - Gestational Diabetes
- ✦ Opioids
- ✦ Medical Cannabis
- ✦ Data & Data Sharing
- ✦ Tribal Public Health Preparedness and Planning

In collaboration with the Utah Department of Health (UDOH) AIAN Health Affairs, strategies are developed to initiate action items specific to the areas of focus identified by the UIHAB. Below is a summary highlighting activities addressing a few of the focus areas:

Medicaid Expansion:

- ✦ The UDOH and Medicaid have meet with the UIHAB on a monthly basis regarding expansion efforts. The first hour of the meetings are dedicated to Medicaid policy, state plan amendments, rules and specific policy such as Medicaid Expansion. Medicaid seeks guidance and feedback on proposed new and amended policy that directly impact AIAN communities. In addition, Medicaid has hosted a formal meeting with Utah Tribal Leadership in the fall of 2019, and has provided updates to the Utah Tribal Leadership during two of their quarterly meetings for 2019; June and November. In addition, formal correspondence has been initiated with all eight of the Tribal governments in Utah. The UDOH AIAN Health Affairs has been able to facilitate this formal process for inclusion of concerns from tribal governments and programs as Medicaid moves forward with policy development and services. At this time, response has been in support of full Medicaid Expansion.

Maternal Child Health:

- ✦ The UIHAB representatives have been requesting support for any Maternal, Child, Adolescent Health programs to be available on the reservations. They expressed concern these communities have lack of access from state programs and resources. Currently, the UDOH MCH program is undergoing an MCH assessment state wide that will drive program resources over the next 5 years. Recently, the MCH program, in partnership with the U of U Public Health Program, completed an assessment with the UIHAB representatives, a few tribal leaders, and tribal programs specific to their needs. In the past, the tribal and UIO have not been included in a state-wide assessment. The UDOH AIAN Health Affairs facilitated this process and is looking forward to improved outcomes for the AIAN communities.

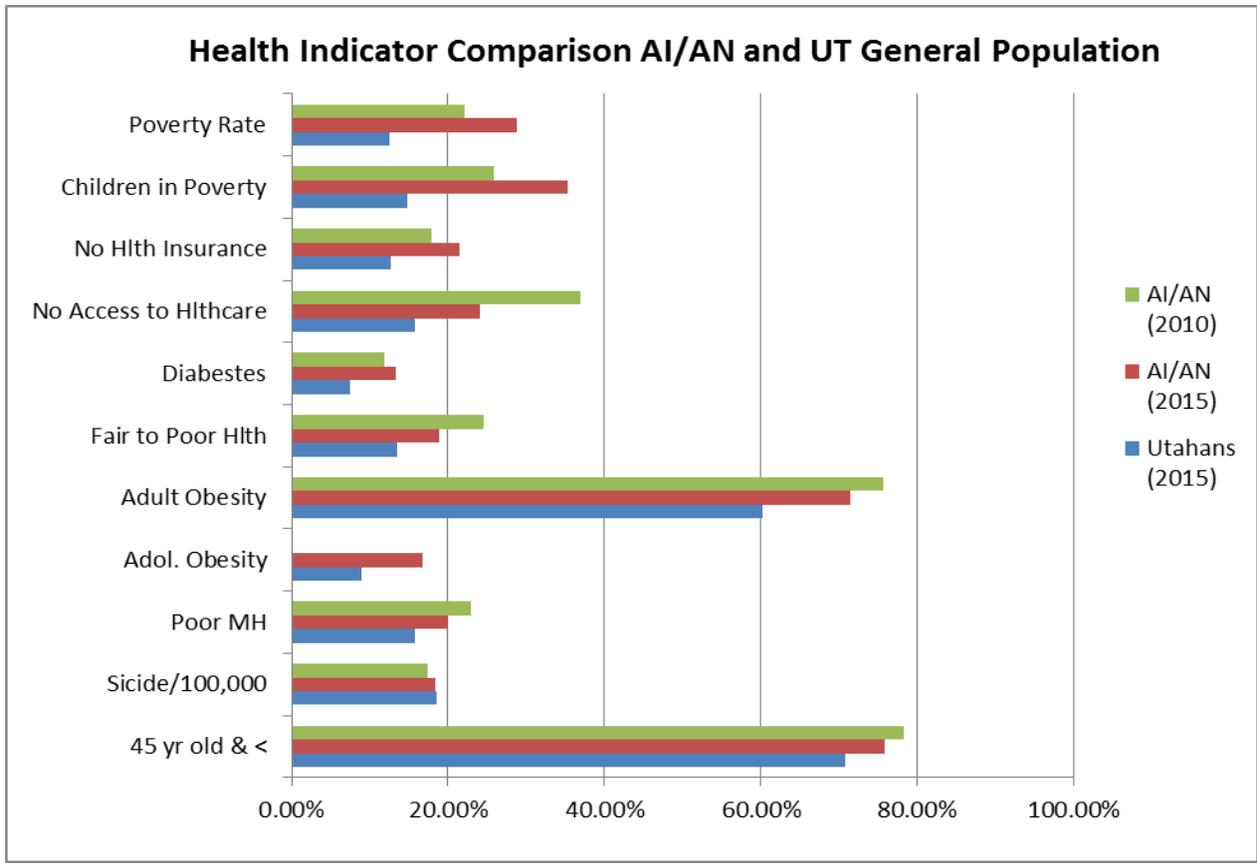
Opioids:

- ✦ The UDOH AIAN Health Affairs was asked by Utah Tribal Leadership in 2018 to address potential Opioid issues facing their communities. Two grants were received to specifically target tribal requests. Currently, the AIAN Health Affairs was able to hire a project coordinator to begin assessing each tribal community and the urban Indian community about the understanding of what opioids are, dependence, chronic pain and impacts abuse may have to their communities. In addition to the assessment component, the AIAN Health Affairs is developing prevention messaging and a campaign specific to these communities. We have been able to see first hand how additional resources can improve outreach and knowledge, in addition to identifications of gaps in data collection, reporting and use. This grant ends in the fall of 2020.

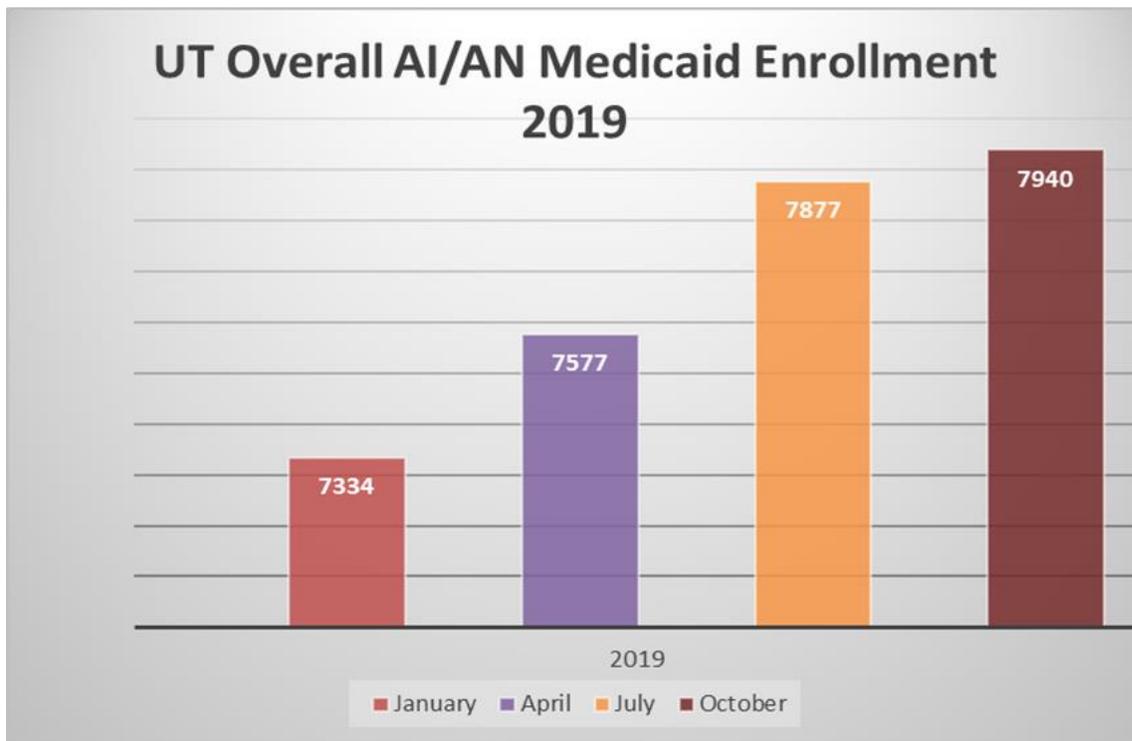
Medical Cannabis:

- ✦ The UDOH AIAN Health Affairs has initiated formal tribal consultation collectively and independently, with Tribal governments and leadership in Utah on Medicaid Cannabis. The expertise of the UDOH AIAN Health Affairs has been able to guide the Department in the development of the rule specific to working with Tribal governments in the legislation. The UDOH AIAN Health Affairs has been working with the Governor's Special Assistant to the Tribes in facilitating formal meetings as needed. Currently, these discussions are one going.

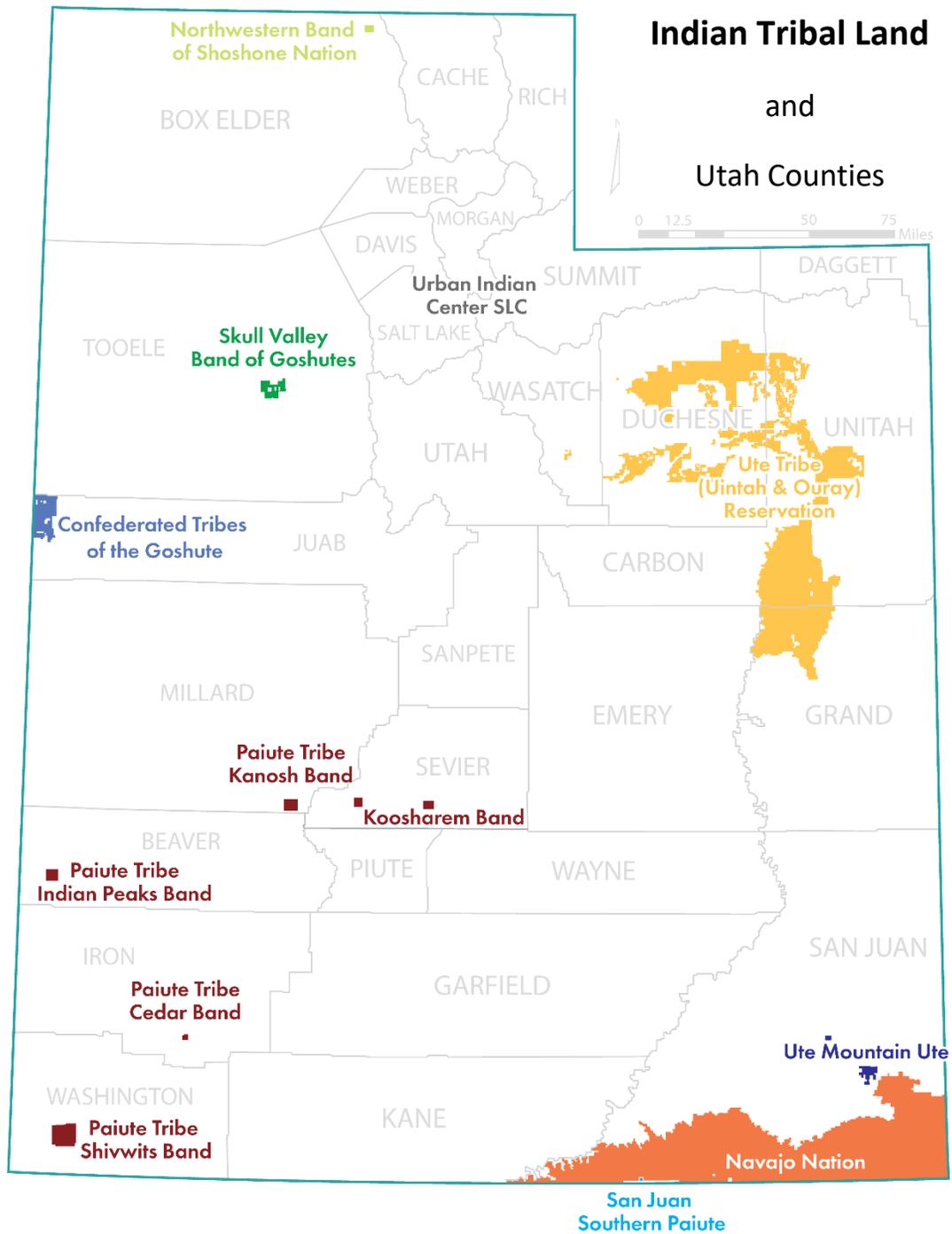
APPENDIX A



UDOH, Office of Health Care Data, IBIS 2010-2015



Compiled from monthly Utah Medicaid Data Eligibility Reports for 2019



Note: Urban Indian Center SLC is not a Tribal entity. It is included in the Indian health system.

Map created by B. Perry, UDWR 2005, Updated K. John, UDOH 2019