



Annual Report
Native American Legislative Liaison Committee
November 10, 2015

American Indian/Alaska Native Health in Utah

Submitted by:

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OVERVIEW

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 Office 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 outcomes targeting;
 - Community Health Assessment(s)
 - Data & Data Sharing Agreements
 - Strengthening families; Women's Health & Maternal Child Health
 - Behavioral & Mental Health
 - Improving access to services & reimbursement
 - Public Health Emergency Preparedness & Infectious Disease Response Planning
 - Tribal Consultation
 - Community partnering and collaboration

Each year the Utah Indian Health Advisory Board (UIHAB), comprised of appointed health representatives from the 8 tribes in Utah and Urban Indian Organization (UIO) 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 steps.

INDIAN HEALTH IN UTAH 2015

STRENGTHS	WEAKNESS
<p><i>A. Improved communication between state agencies addressing health care, 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 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 & the Urban Indian Organization (UIO) representative. <p><i>B. Improved Preventative health education and outreach</i></p> <ul style="list-style-type: none"> ■ Emergency Preparedness & Infectious Disease Planning ■ Diabetes/Obesity ■ Maternal Child Health ■ Cancer ■ Tobacco Coalitions ■ Behavioral health <p><i>C. Improved Access</i></p> <ul style="list-style-type: none"> ■ Medicaid and CHIP outreach and enrollment (graph) ■ Affordable Care Act (ACA) & Indian Health Care Improvement Act (IHCIA) (Approximate # enrolled in SLC) ■ Emergency Medical Services ■ Certification & training opportunities 	<p><i>A. Qualified Professionals.</i></p> <ul style="list-style-type: none"> ■ Very limited qualified American Indians professionals to provide care at Tribal and Urban clinics <p><i>B. Data</i></p> <ul style="list-style-type: none"> ■ limited data sharing specific to American Indians between Tribal and urban Indian health programs and the state <p><i>C. Trust</i></p> <ul style="list-style-type: none"> ■ Although there have been significant improvements in communication; there remains a lack of trust between the Tribes and the State. <p><i>D. Tribal Health program capacity</i></p> <ul style="list-style-type: none"> ■ Many tribal programs are operated by a skeleton staff, of which many have multiple roles within the programs. <p><i>E. Funding</i></p> <ul style="list-style-type: none"> ■ Competiveness for tribal and urban Indian health programs; federal, state and local levels is increasing and not always inclusive of the Indian health and Tribal programs. <p><i>F. Mobility</i></p> <ul style="list-style-type: none"> ■ Highly mobile between urban & rural settings for work and educational opportunities

OPPORTUNITIES	THREATS
<p>A. Collaboration and partnership development between;</p> <ul style="list-style-type: none"> ■ Institutions of higher education and the I/T/U, ■ Tribal and Urban Indian health programs, ■ Community partners <p>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.</p> <p>C. Increasing awareness of Indian Health Issues and consultation requirements among other state agency programs and with Utah’s leadership.</p> <p>D. Policy changes enhancing the state and I/T/U’s to share data</p>	<p>A. Funding of the Indian Health System. Programs are already underfunded. Fear this is eroding tribal sovereignty through treaty rights.</p> <p>B. Lack of Medicaid Expansion opportunities. Tribal programs utilize current resources for improving access to care and improving health outcomes in their communities.</p> <p>C. Poverty</p> <ul style="list-style-type: none"> ■ Very limited employment opportunities on reservations. ■ Education is improving, but no mechanism to apply it on the reservation. Sense of isolation impacts health, behavioral health, & substance abuse. ■ Economic Development opportunities. <p>D. Geography. Utah’s AI/AN population live in very rural and frontier parts of the state where access is minimal.</p> <p>E. Contract Health- 180 day rule. Many AI/AN’s leave reservations to work and to pursue educational opportunities and loose the IHS /Tribal access to health care.</p>

ACTION STEPS IN INDIAN HEALTH FOR 2015

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. The four areas of focus for 2015 are:

- Community Health Assessments and Data Sharing
- Strengthening Families
- Gestational Diabetes
- Medicaid Expansion/Medicaid

In collaboration with the Utah Department of Health (UDOH) Office of AI/AN Health Affairs, strategies are developed to initiate action items specific to the areas of focus. Below is a summary of some action steps as they correlate to the Indian health assessment.

1. Collaboration & Partnership Development –

- a. The UIHAB identified community health assessments to explore options for public health accreditation. Through the Gaining Ground Partnership, the RedStar Consulting group provided a presentation on readiness at the February 2015 annual retreat. In partnership with the Utah Public Health Association (UPHA), resources were granted on behalf of the UIHAB to conduct an initial readiness assessment. Of the 8 Tribes and 1 Urban Indian Organization (UIO), 5 Tribes and 1 UIO participated in the assessments. The assessment identified key areas for the Tribes and UIO to address and target for development prior to moving forward with accreditation. Some of the key areas identified included; lack of resources, funding and staff. In addition, this assessment provided a mechanism for some Tribal programs to potentially make applications for additional resources to build their capacity.
- b. As ongoing partnership development between the Tribal and UIO Public Health Emergency Preparedness programs, the UDOH Bureau of EMS, in collaboration with the UDOH Office of AI/AN Health Affairs, will be working directly with those Tribal and UIO preparedness programs who elect to participate, in conducting hazards assessments, infectious disease response plans and updating preparedness planning efforts. In addition, the Tribes and UIO have elected to conduct a table top exercise to operationalize the planning assessments that were completed.
- c. In Consultation with the Utah Tribal Leadership and the UIHAB, and partnership with the UDOH Office of AI/AN Health Affairs, the University of Utah Health Sciences and Health Plans, and the Utah Telehealth Network, a state wide internet connectivity assessment will be initiated on the reservations. The assessments will address the request for some specific telehealth services. In addition, the assessments will address equipment and any technical assistance to explore funding opportunities. The first assessment will be conducted 11/18/15.

2. Tribal Health Program Capacity -

- a. Through Consultation over the last 18 months, the UDOH MCH and Diabetes programs are collaborating to initiate a Gestational Diabetes project focusing on outreach and education, and process development and improvement at the Tribal and UIO facilities. The goal is to improve prenatal care visits and testing, while capturing those moms who do not get care in the 3rd trimester to follow up with testing of their HbA1c's. This will involve a community education effort and a process improvement effort within each

clinic that participates. The project will run for 3 years through the UDOH Diabetes Program grants. We are currently in the first year.

- b. 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 those Tribal health and urban Indian programs in Utah who meet the qualifications. The assessment of those Tribes and UIO programs that are qualified is underway.
- c. 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. An Intern was hired specifically for the AI/AN component of data collection and analysis. To date, there have been 2 state wide data bases reviewed focusing on the SIM Grant health indicators.
- d. UDOH Mother to Baby Utah/Pregnancy Risk Line in partnership with the Urban Indian Center of Salt lake (UICSL) received a mini grant through Organization of Teratology Information Specialists (OTIS) encouraging awareness and utilization of resources that promote strong and healthy families. There is little knowledge or awareness of the Pregnancy Risk Line's (PRL) Mother To Baby Utah (MTB) among the Urban Indian population. Through Consultation with the UIHAB, the MTB PRL and UICSL developed an outreach and educational tool specific to AI/AN communities throughout UT. The tool will be shared with the Health Resource Services Administration (HRSA) for replication on a national level.
- e. The UDOH WIC program will be opening two clinics in the Utah Navajo Health Systems facilities this year; Monument Valley and Montezuma Creek.

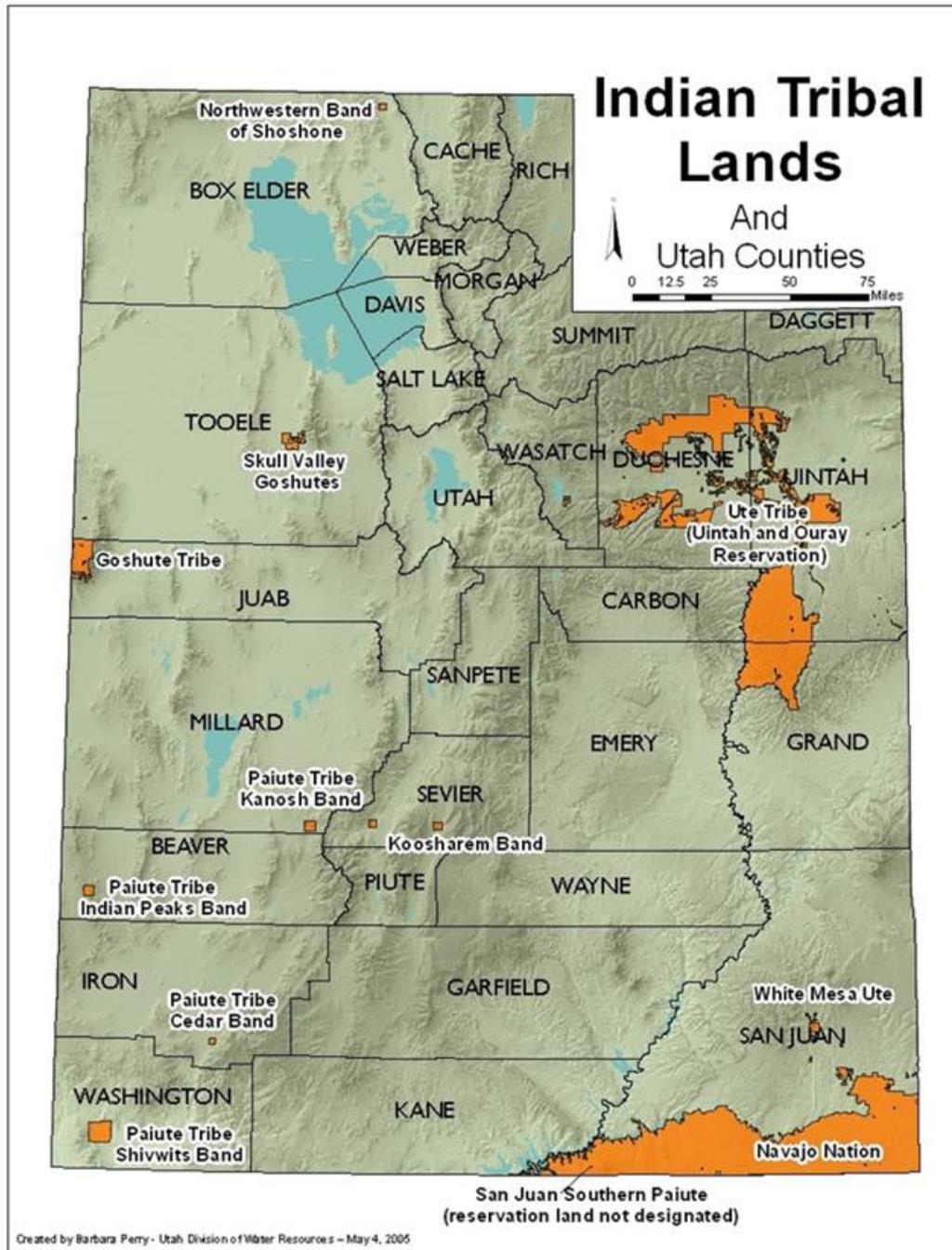
3. Data Sharing –

- a. The UDOH Center for Health Data and the Office of AI/AN Health Affairs successfully completed a Memorandum of Understanding (MOU) with the Inter Tribal Council of Arizona (ITCA) Tribal Epidemiology Center (TEC) to draft Memorandum of Understanding (MOU) to share public health data between the State of Utah and those UT tribes who receive support from the ITCA. Data requests have been made are being completed at this time. Recently, The Navajo Nation TEC has requested to re-engage in previous discussions to develop an MOU with the UDOH. These opportunities 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.

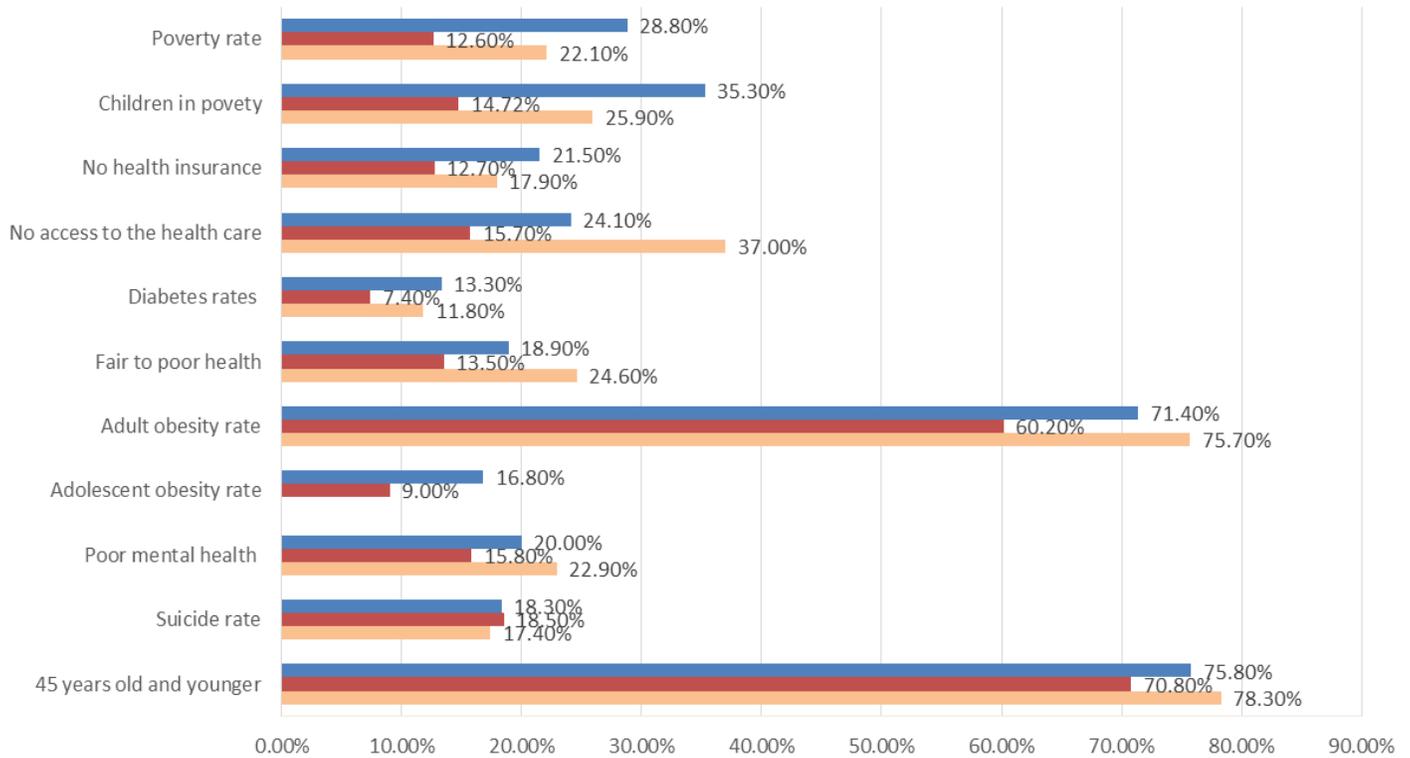
4. Medicaid Opportunities -

- a. Through ongoing collaboration, partnership and consultation with Medicaid and the UIHAB, AI/AN enrollment and eligibility for Utah Medicaid programs continues to be stable after an approximate increase of 10% in 2014. Medicaid meets monthly with the UIHAB representatives to update them on policy, State Plan Amendments (SPA) and Rules, and to follow up with any eligibility and access issues their communities face.

- b. The Utah Tribal Leadership and the UIHAB representatives continue to support and advocate for Medicaid Expansion options for Utah. Utah's AI/AN population suffer higher poverty and childhood poverty than Utah's overall. Access to care remains a challenge at best. Medicaid Expansion options provide a mechanism for those adults who are currently not eligible for traditional Medicaid to receive care and to support the Tribal health programs who are providing some care.



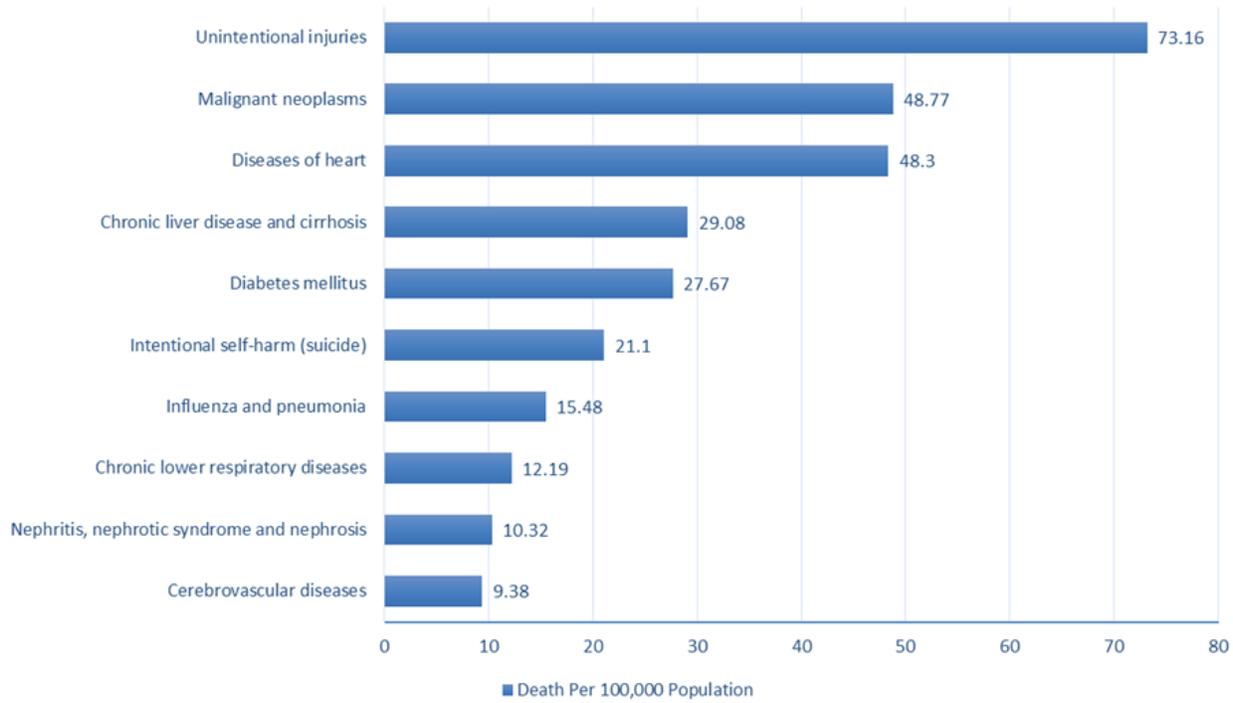
Health indicator comparison between AI/AN and UT's general population



	45 years old and younger	Suicide rate	Poor mental health	Adolescent obesity rate	Adult obesity rate	Fair to poor health	Diabetes rates	No access to the health care	No health insurance	Children in poverty	Poverty rate
■ AI/AN (2015)	75.80%	18.30%	20.00%	16.80%	71.40%	18.90%	13.30%	24.10%	21.50%	35.30%	28.80%
■ Utahns (2015)	70.80%	18.50%	15.80%	9.00%	60.20%	13.50%	7.40%	15.70%	12.70%	14.72%	12.60%
■ AI/AN (2010)	78.30%	17.40%	22.90%		75.70%	24.60%	11.80%	37.00%	17.90%	25.90%	22.10%

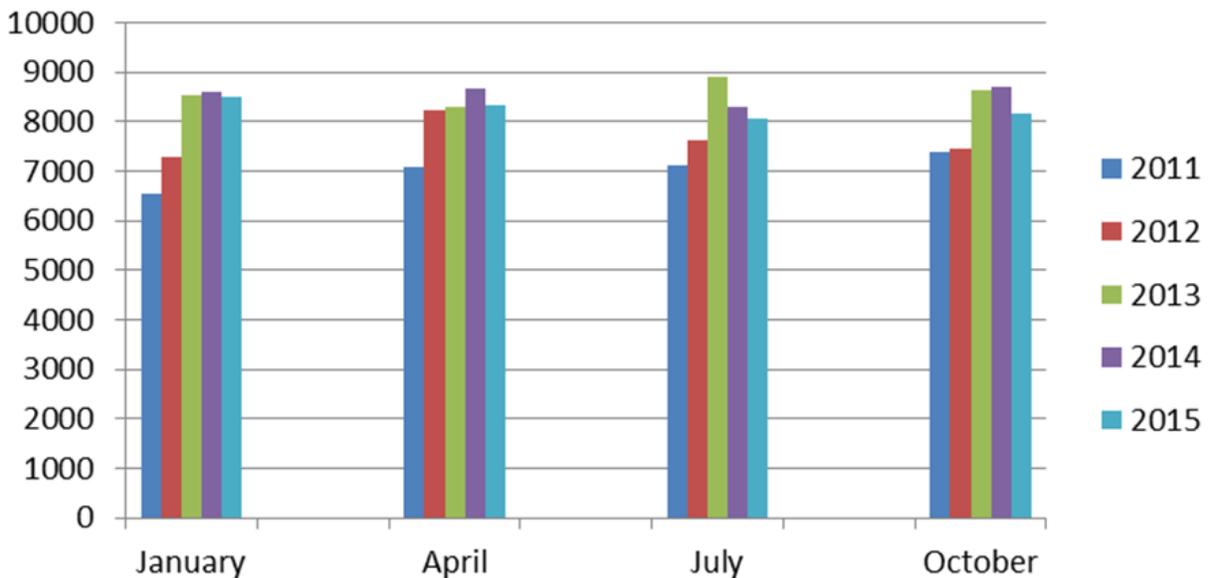
■ AI/AN (2015) ■ Utahns (2015) ■ AI/AN (2010)

AI/AN Top 10 Leading Causes of Death in Utah by Crude Rate, Deaths Per 100,000 Population



UDOH, Office of Health Care Data, IBIS 2010-2014

AI/AN Overall UT Medicaid Enrollment



Compiled from monthly Utah Medicaid Data Reports from 2011-2015