Annual Report
Native American Legislative Liaison Committee
November 10, 2018

American Indian/Alaska Native Health in Utah

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OVERVIEW

The Office of American Indian/Alaska Native (AIAN) Health Affairs, AIAN Health Liaison and Health Policy Consultant are located in the Utah Department of Health's Executive Directors Office. The Department's Vision is for Utah 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 than other groups and Utah overall (appendix A). The mission of this Office is to raise the health status of the AIAN population in Utah to that of the general population in Utah.

The primary goal of the Office is to promote and coordinate collaborative efforts between the Department, Tribal Governments, state and local partners and AIAN communities living in Utah to improve both availability and accessibility of quality health care and health care resources both on and off the reservations. There are three primary objectives for achieving this goal;

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

- Facilitate education, training, and technical assistance regarding public health & medical assistance programs to the AIAN population in 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 & improvement of public health policy and programs to increase access and health care for the AIAN population both on & off the reservations in Utah.
  Current goals include, but are not limited to:
  - Improve outcomes targeting;
    - Data collection, analysis, reporting
    - Data Sharing Agreements
    - Strengthening families; Women's Health & Maternal Child Health
    - Improving access to services, programs & reimbursement
    - Public Health Emergency Preparedness & Infectious Disease Response Planning
  - Tribal Consultation
  - Community partnering and collaboration

DEMOGRAPHICS

The 2015 Census reports there are approximately 50,000 American Indians/Alaska Natives (AIAN) living in Utah. Roughly 33% are children ages 0-17 years of age, 63% are 18-64 and 24% are 65 years of age and older. Salt Lake County has the largest number AIAN residing there; ~57% with San Juan County being the second largest.

INDIAN HEALTH IN UTAH 2018

STRENGTHS	WEAKNESS
A. *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* - 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) – comprised of Tribally appointed health representatives & the Urban Indian Organization (UIO) representatives - Elevated Office of AI/AN Health Affairs to the UDOH EDO(2016) B. *Improved preventative health education and outreach* - Emergency Preparedness & Infectious Disease Planning - Diabetes/Obesity - Maternal Child Health - Cancer - Tobacco Coalitions - Behavioral health - Opioid Crisis C. *Improved access* - Medicaid and CHIP outreach and enrollment (graph) - Indian Health Care Improvement Act (IHCIA) & Affordable Care Act (ACA) - Emergency Medical Services - Certification & training opportunities	A. *Qualified Professionals.* - Very limited qualified American Indians professionals to provide care at Tribal and Urban clinics B. *Data* - limited data sharing specific to American Indians between IHS, Tribal and urban Indian health programs and the state C. *Trust* - Although there have been significant improvements in communication; there remains a historical 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* - Lack of dedicated funding for this Office. No staff. - Competition for decreasing resources. The tribal and urban Indian health programs are finding themselves competing more often with state and local programs. Federal resources are increasingly limited or not reauthorized. F. *Mobility* - Highly mobile between urban & rural settings for work and educational opportunities. Direct impact on access & eligibility for health programs.

OPPORTUNITIES	THREATS
A. *Collaboration and partnership development between*; • Institutions of higher education and the I/T/U, • Tribal and Urban Indian health programs, • Community partners, • Regional Tribal Epi Centers (TEC) B. *Improvement of Health programs and activities* • Improvement in processes at the Tribal and Urban Indian health program level to access programs & activities that have not always accessible or available. C. *Increasing awareness of Indian Health Issues and consultation requirements* • State agency programs and Utah's leadership. D. *Policy changes enhancing the state and I/T/U's to share data* • Development & implementation of MOU/MOA's E. *National organizations improving capacity* • Outreach to Tribal and Urban programs focusing on policy development, technical assistance and support, • State partnerships	A. *Funding of the Indian Health System* • Programs are already underfunded. Fear this is eroding tribal sovereignty through treaty rights. B. *Lack of Medicaid Expansion opportunities* • Tribal programs utilize current resources for improving access to care and improving health outcomes in their communities. C. *Poverty* • 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. D. *Geography* • The AIAN population in Utah lives in very rural and frontier parts of the state where access is minimal and transportation can be difficult. E. *Contract Health- 180 day rule* • Many AIAN's leave reservations to work and to pursue educational opportunities and loose the IHS /Tribal access to health care. F. *Federal Health Policy Appropriations* • Special Diabetes Programs for Indians (SDPI) • CHIP • Medicaid Block Grant

ACTION STEPS IN INDIAN HEALTH FOR 2018

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 areas of focus for 2018 are:

- Data & Data Sharing
- Strengthening Families
- Obesity/Diabetes
- Medicaid Expansion/Medicaid
- Tribal Public Health Preparedness and Planning

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 items and steps related to and in correlation with the Indian health assessment:

1. Collaboration & Partnership Development –
    a. The Office of AI/AN Health Affairs (OAIANHA) was awarded a small grant from the American Public Health Association (APHA) to address awareness of and capacity building among the Utah Tribal Leadership about Public Health. The Office of AIAN Health Affairs was awarded an additional small APHA grant for 2018. The focus will be to conduct assessments and utilization analysis for those tribes interested in tribal program data evaluation/status.

    b. In 2018, the Department of Health and the Department of Public Safety, Division of Emergency Management, are collaborating to improve resources to Tribal Emergency programs; the Tribal Public Health Emergency Preparedness (PHEP) Grants & Utah Tribal Emergency Response Committee (UTERC). Our goal is to improve the effectiveness and efficiency of each tribe to complete an emergency preparedness plan(Infectious Disease Response Plan) in addition to participate in emergency management training like Incident Command Structure (ICS), Medical Countermeasures Dispensing(MCD), and table top exercises (state and tribal). We will be continuing this collaboration into 2019.

    c. Zika: UDOH ongoing outreach and education to AI/AN communities throughout Utah. Through Consultation with the UIHAB representatives, the ZIKA KITS were updated to reflect more culturally appropriate messages. Zika Kits were distributed at the Governor's Annual American Indian Summit and made available for all Tribal and Urban Indian health programs. The OAIANHA distributed over 850 Zika Kits to tribes and the Urban Indian Center for the 2018 season. In addition to Zika Kits, culturally appropriate prevention materials were also distributed; *Protect the Circle of Life! Mosquito Prevention Starts with You* (attached).

    d. The UDOH Bureau of Epidemiology, Disease Response, Evaluation, Analysis, and Monitoring Program provided an opportunity, through CDC funding to the State, to include up to 4 tribal mosquito abatement sites in Utah during the 2017 season. The tribes who expressed interest included; Confederated Tribe of the Goshute Reservation, Navajo (Utah strip), Paiute Indian Tribe of Utah

(Shivwits Band), & Ute Indian Tribe. The purpose of the *ELC Arboviral Contract* is to enhance and provide resources for mosquito surveillance which provides an indication of arboviral diseases such as West Nile Virus, Saint Louise Encephalitis and the introduction of new mosquito species into Utah. The first year of this contract was very successful by having 3 out of the 4 tribes attend annual meetings, conduct mosquitoes surveillance operations and submit mosquitoes for testing at the Utah Public Health Laboratory. This funding ends in the winter of 2019. There is not an option to continue this funding from the federal government.

e. In Consultation with the Utah Tribal Leadership and the UIHAB, and in partnership with the UDOH OAIANHA, the University of Utah Health Sciences and Health Plans and the Utah Telehealth Network, initiated a state wide internet connectivity assessment on the reservations. The assessments address the request for some specific telehealth services and possible equipment needs. Assessments are ongoing at this time. Currently, the last of connectivity assessments are ongoing at this time.

f. Utah Department of Health and Utah Public Health Laboratory (UPHL) worked directly with the Ute Mountain Ute Tribe to provide some heavy metal bio monitoring for the White Mesa community in southern Utah. The UPHL was able to test 10% of the population (very successful). This partnership with the UPHL was able to support the Tribes efforts in developing a clean water system for their community on White Mesa. The final analysis has been completed and was shared with the Tribe and the community during the late summer of 2018.

g. The Utah Department of Health and the Bureau of Epidemiology are currently negotiating with the Confederated Tribes of the Goshute Reservation for confirmation of high lead levels in the soil around the health building, the day care and some tribal administration buildings. The Tribe has formally requested some assistance with confirming the soil samples and locating resources and support to clean up the area. The UDOH is collaborating with federal partners to develop some resolve for this issue.

2. Tribal Health and Urban Indian Health Program Capacity -
   a. Through Consultation with the UIHAB representatives, the UDOH Maternal Child Health (MCH) Program has awarded the Urban Indian Center of Salt Lake (UICSL) a Personal Responsibility Education Program (PREP) Grant. The PREP funding was utilized by the Urban Indian Center to pilot a comprehensive sexuality education curriculum through their summer youth programming. A group of American Indian youth received an evidence-based sexual health curriculum, called Be Proud Be Responsible, along with a culturally specific supplement, Native Voices. 100% of participants completed the program by the end of Jul 2017.

      Once local needs and priorities have been identified, they will collaborate with UDOH staff throughout the next year, 2018 to train local tribal representatives and assist each area in piloting their own youth education and development program. The first of these meetings was conducted on September 28, 2017 with representatives from the Paiute Indian Tribe of Utah about the possibility of integrating PREP education into already existing youth programs. Pending tribal council approval, youth program staff will participate in Be Proud Be Responsible training during the winter of 2018 to become certified facilitators and have the capacity to implement the program with youth in Cedar, Shivwits, Kanosh, and Koosharem areas. This project is on track and was funded again for the 2019 cycle.

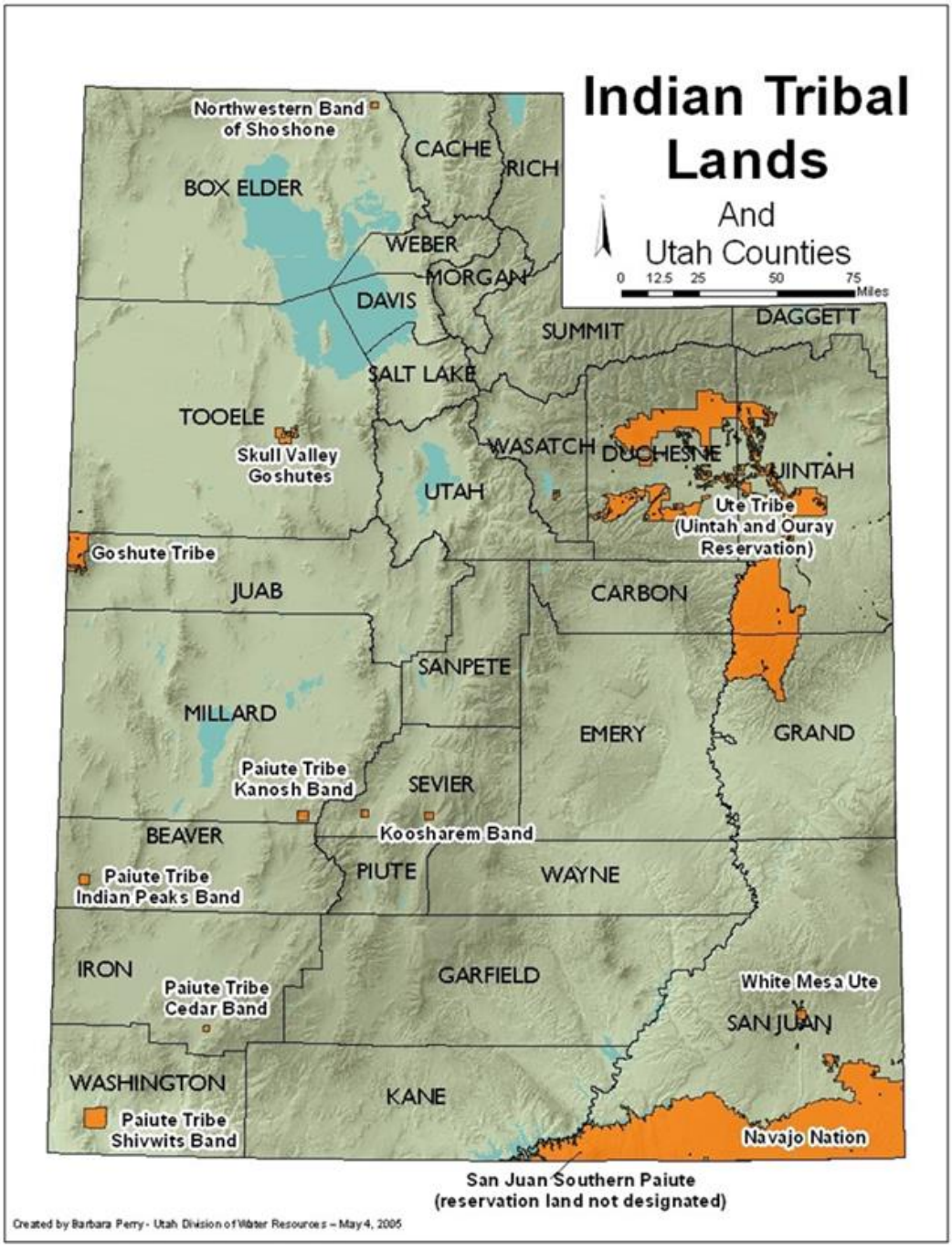
b. The Utah WIC (Women Children & Infant) Program is making great strides in improving relationships with and services to AIAN's living in Utah. In 2015, the Utah WIC program reached out to the Utah Navajo Health Systems, Inc. (UNHS) to discuss new ways to improve WIC access. The UNHS offered office space in a couple of their facilities. Over the last 18 months, the San Juan Health Department focused on opening 2 new clinics in Monument Valley & Montezuma Creek. Currently, the WIC programs travels to the Monument Valley Clinic the second Monday of every month. There have been some requests from other tribes regarding access to WIC and any data the state has regarding access for tribal members throughout Utah. We are collaborating with the Tribal Epi Centers in both AZ and Navajo to address some WIC data sharing specific to the reservations in UT. This effort is ongoing through 2019.

3. Data Sharing –
    a. After 18 months of negotiations, the OAIANHA and the Navajo Area Tribal Epi Center formalize a data sharing agreement focused on infectious disease reporting, mortality and morbidity reporting, and chronic disease reporting/management. This agreement is for 5 years. Data will be shared between both entities for any community health assessment reporting, program development and goal setting. The Department finalized a similar agreement with the Phoenix Area Tribal Epi Center in 2015. These agreements are a direct result of the NALLC supporting the UDOH request to open the Vital Records Act to amend for inclusion of tribal public health authorities to be recognized as legitimate entities to share data with.

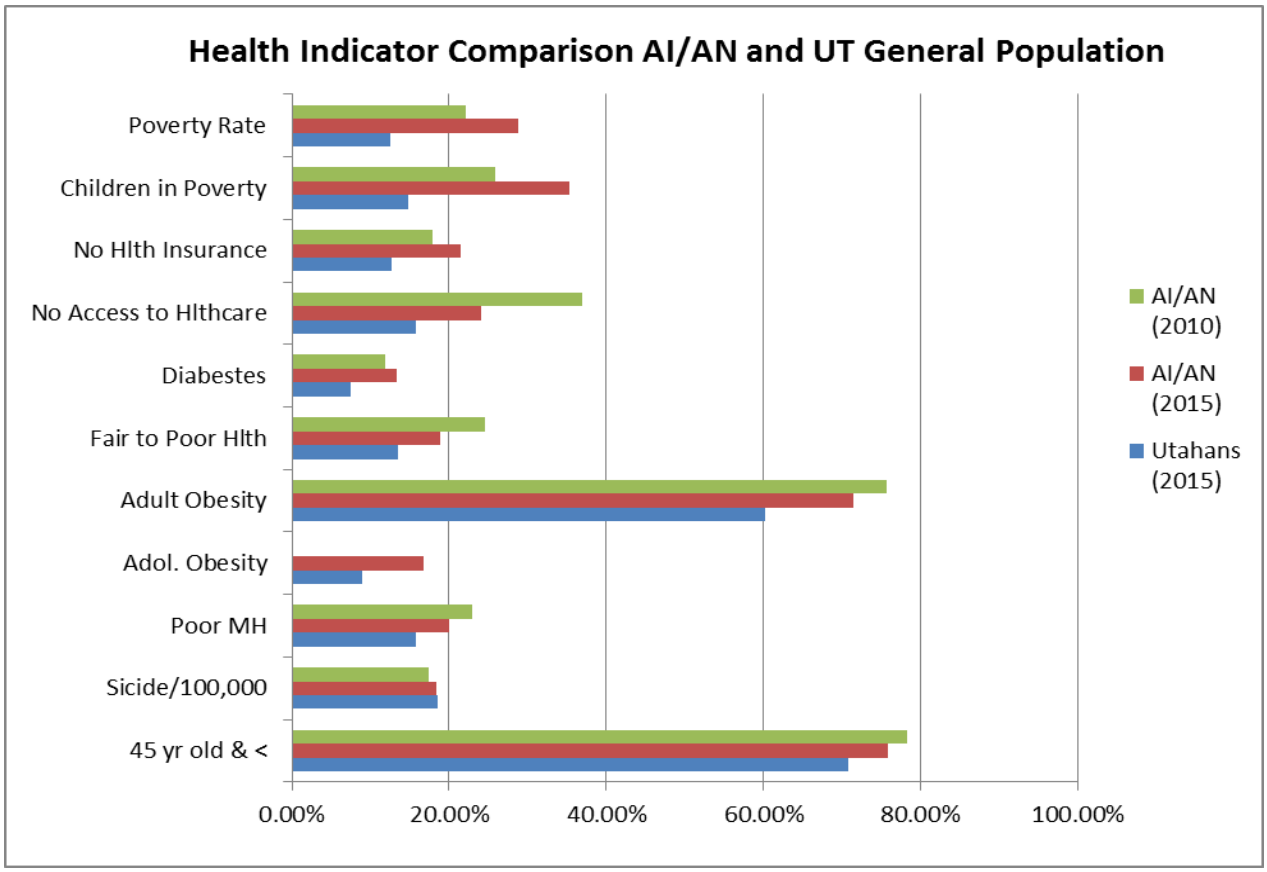
4. Medicaid Opportunities -
    a. Through ongoing collaboration, partnership and consultation with Medicaid and the UIHAB, AIAN enrollment and eligibility for Utah Medicaid programs continues to be fairly stable in 2017-2018 reporting. However, this last quarter, we saw a 9% overall decrease in the Medicaid eligibility data. The OAIANHA will be meeting in the fall of 2018 to discuss this data change. 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. Ongoing discussions between the UIHAB, Medicaid and DWS continue on outreach, education and material development in addition to decreasing the number of Medicaid applications being denied. Tribes are specifically requesting training for their benefits coordinators.

    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 (28%) and childhood poverty (35%) than Utahan's overall (2015 Census). As of September 201, approximately 62% of AIA's living in poverty is enrolled or eligible for Medicaid services (Medicaid 9/2018).

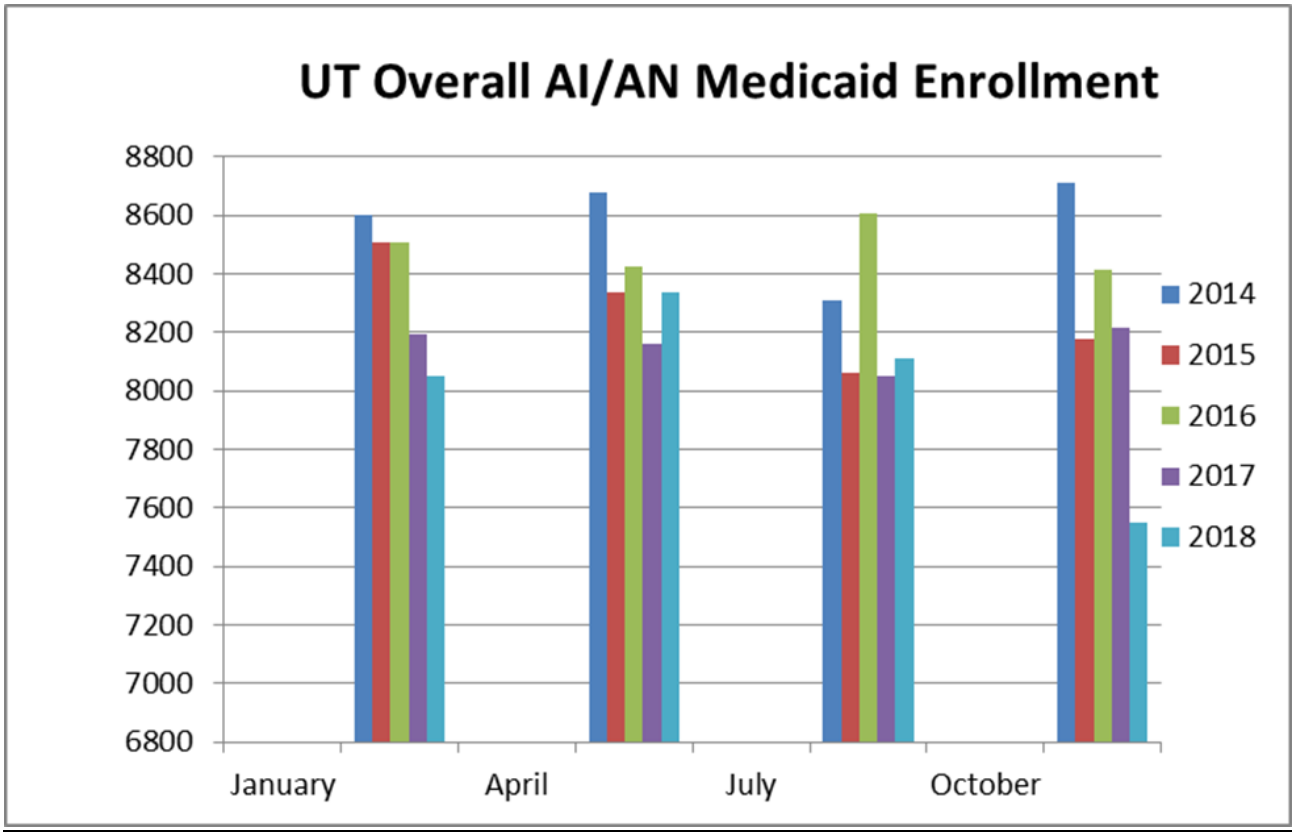
    c. Medicaid Expansion options provide a mechanism for AIAN adults who are currently not eligible for traditional Medicaid to receive care and to support the Tribal health programs that provide all or a portion of that care.


Indian Tribal Lands
And
Utah Counties
0 12.5 25 50 75 Miles
Northwestern Band of Shoshone
CACHE
RICH
BOX ELDER
WEBER
MORGAN
DAVIS
SUMMIT
DAGGETT
SALT LAKE
TOOELE
Skull Valley Goshutes
WASATCH
DUCHESNE
UINTAH
UTAH
Ute Tribe (Uintah and Ouray Reservation)
Goshute Tribe
JUAB
CARBON
SANPETE
MILLARD
EMERY
GRAND
Paiute Tribe Kanosh Band
SEVIER
Koosharem Band
BEAVER
Paiute Tribe Indian Peaks Band
PIUTE
WAYNE
IRON
Paiute Tribe Cedar Band
GARFIELD
White Mesa Ute
SAN JUAN
WASHINGTON
Paiute Tribe Shivwits Band
KANE
Navajo Nation
San Juan Southern Paiute (reservation land not designated)
Created by Barbara Perry - Utah Division of Water Resources – May 4, 2005

APPENDIX A



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



Compiled from monthly Utah Medicaid Data Reports from 2014-2018