



Annual Report
Native American Legislative Liaison Committee
October 19, 2020

American Indian/Alaska Native Health in Utah

Submitted by:

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OVERVIEW

The Utah Department of Health (UDOH) Office of 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
- Public Health Emergency Preparedness & Infectious Disease Response Planning
- Improve outcomes targeting;
 - Strengthening families
 - Behavioral Health; resiliency & inclusion in overall wellbeing of health/public health strategies
 - Medicaid and Medicaid Expansion
 - Data collection, analysis, reporting, and securing Data Sharing Agreements
 - Opioids
 - Access to Public Health services, programs
- 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 2020

STRENGTHS	WEAKNESS
<p><i>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</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><i>B. 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><i>C. Improved access (ongoing goal)</i></p> <ul style="list-style-type: none"> ✦ Medicaid and CHIP outreach and enrollment ✦ Indian Health Care Improvement Act (IHCA) & Affordable Care Act (ACA) ✦ Certification & training opportunities ✦ Transportation <p><i>D. 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><i>E. Improved Funding (UDOH Capacity)</i></p> <ul style="list-style-type: none"> ✦ Projects now initiated, can be better sustained due to appropriations from the 2020 session. Hiring is underway. 	<p><i>A. 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><i>B. 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><i>C. 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><i>D. 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><i>E. 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"> ■ Regional Tribal Epi Centers (TEC), ■ Tribal and UIO health programs, ■ Institutions of higher education and the I/T/U, ■ Community partners <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>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>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>F. <i>Access to Medicaid Expansion;</i></p> <ul style="list-style-type: none"> ■ Tribal programs utilize current Medicaid resources for improving access to care and health outcomes in their communities. Expansion provides increase in resources of care currently being provided to more individuals. 	<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>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>D. <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 2020 -2021 and beyond (3 years) include:

- Behavioral Health; better understanding of resiliency & integrate into overall wellbeing strategies
- Strengthening Families
 - Women's Health,
 - Maternal Child and Adolescent Health (MCH),
 - Women Infant and Children (WIC)
 - Home Visiting
- Medicaid/ Medicaid Expansion
- Obesity/Diabetes
 - Gestational Diabetes
- Opioids
- Data & Data Sharing
- Tribal Public Health Preparedness and Planning

In collaboration with the Utah Department of Health (UDOH) AI/AN 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:

Overall Wellness & Behavior Health:

There has been a significant amount of discussion with the UIHAB tribal representatives over the last few months regarding a strategy to address this priority. There are discussions taking place about how this priority is weaved through the outcomes of physical and public health, both positive and negative outcomes. AI/AN communities demonstrate a certain resiliency during very stressful time and a sense of hope that this Board is has identified and is requesting to to dive deeper into as it related to certain medical conditions like Diabetes and Obesity. There has been a proposed link. The Board are requesting more detailed assessment and data analysis to move this priority forward.

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. The UDOH MCH program completed a 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 Office of AI/AN Health Affairs facilitated this process and is looking forward to improved outcomes for the AI/AN communities. The UDOH met with the federal administrator for the grant in early October. There is some inclusion of the AI/AN assessment. Final approval for the project activities and measures is pending UIHAB approval.

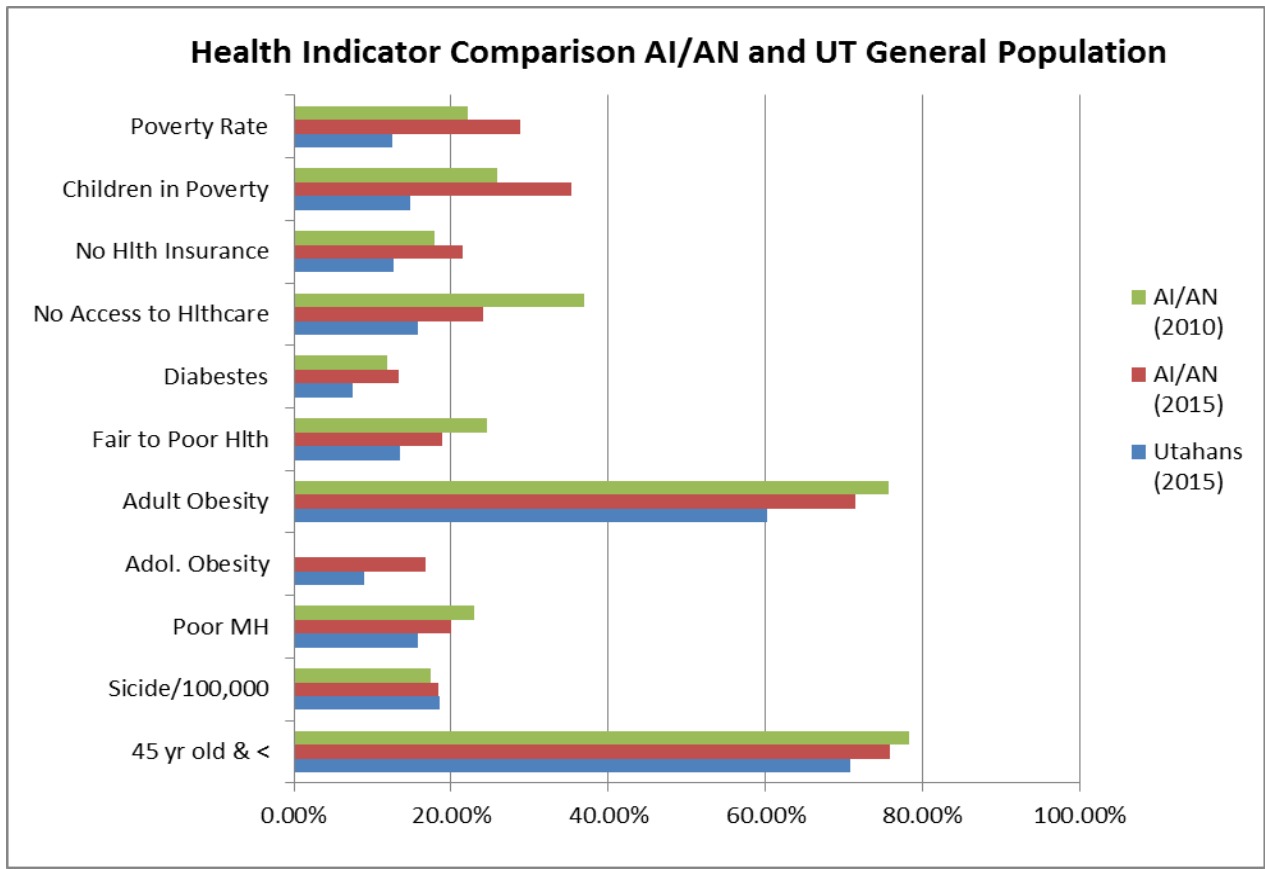
Medicaid Expansion:

- ✦ 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 AI/AN 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 AI/AN 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.

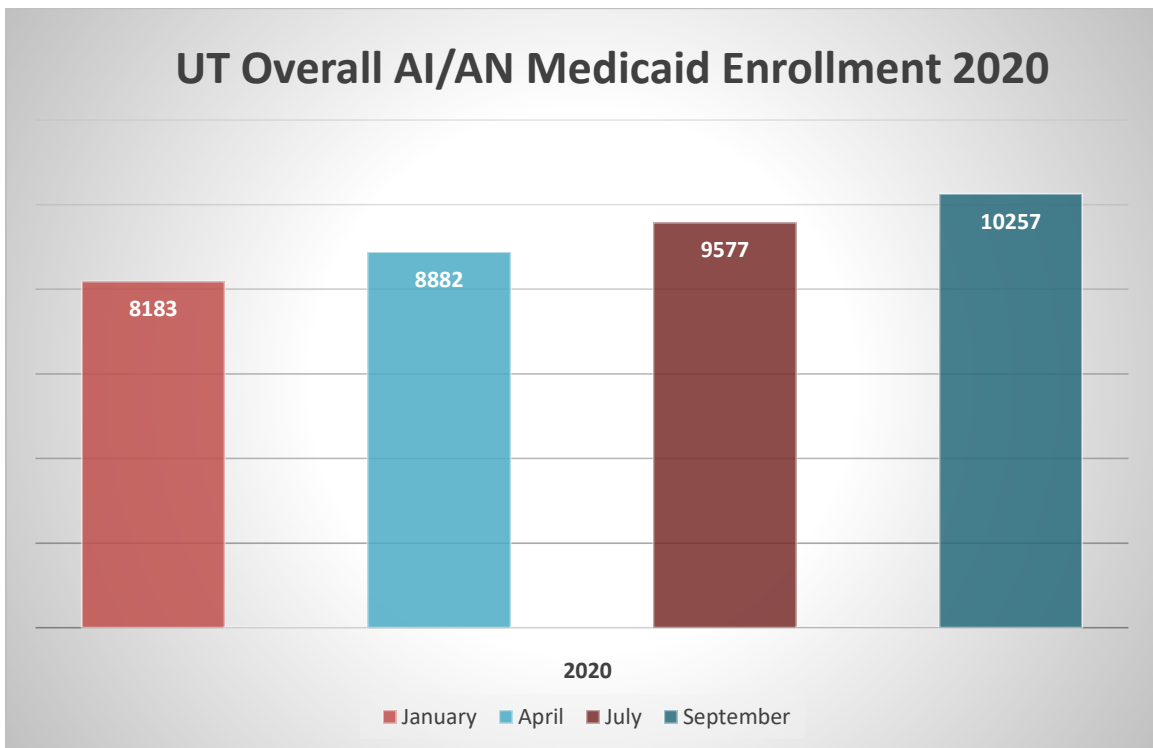
Opioids:

- ✦ 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 AI/AN 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 A/IAN 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. Distribution of single Naloxone kits and training for administration of the medication was also included in this project. This grant ends in the fall of 2020. A sample of the campaign materials developed are attached in Appendix B.

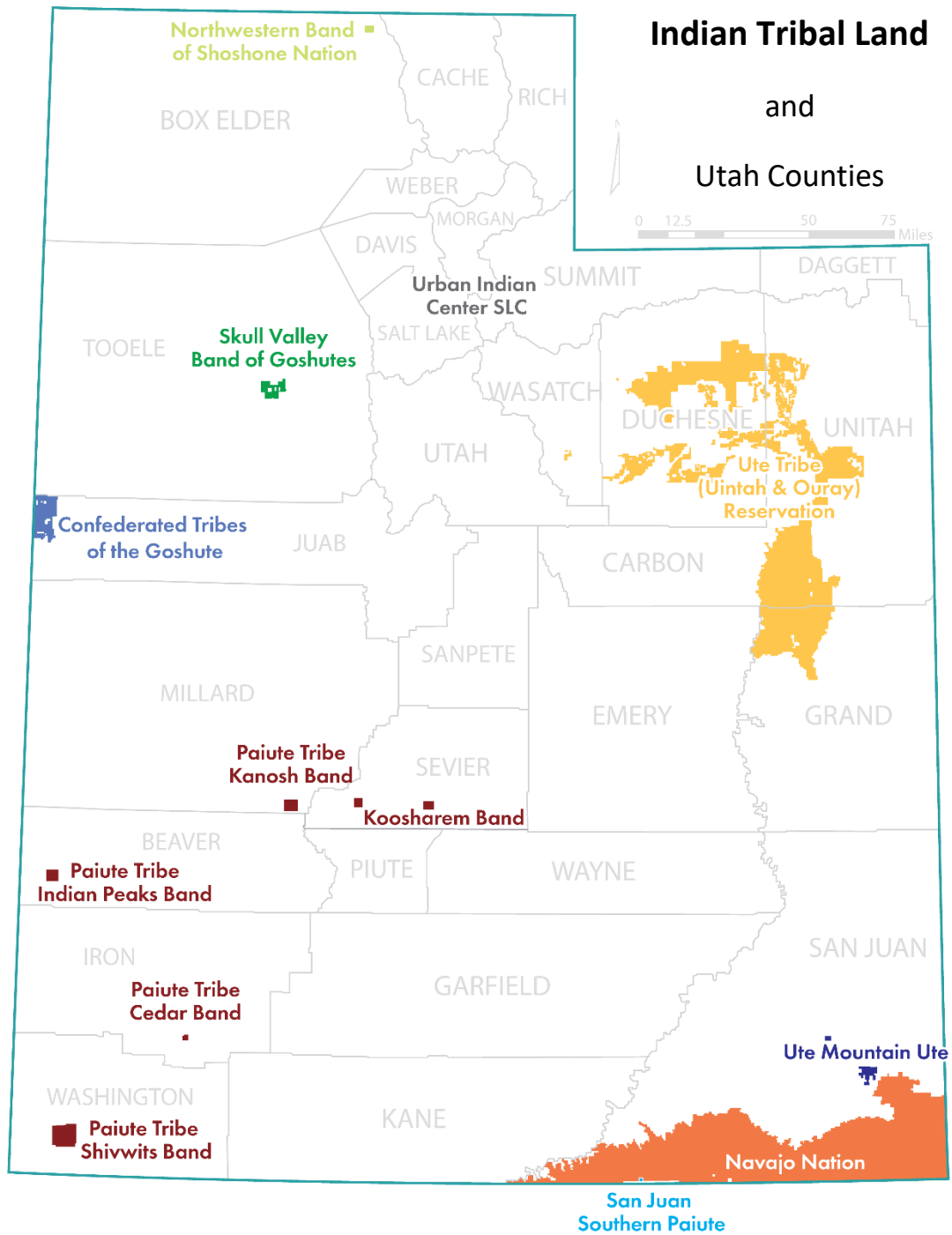
APPENDIX A



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



Compiled from monthly Utah Medicaid Data Eligibility Reports for 2020



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

WHAT IS ADDICTION ?

Addiction is a chronic disorder characterized by:

- compulsive drug-seeking
- continued use despite harmful consequences
- long-lasting changes in the brain

Addiction has two parts

physical and psychological dependence.

Physical Dependence The **physical need** to use a substance in order to feel "normal" or to "function."

Psychological Need The **mental need** of substance in order to feel "normal" or to "cope."

Healthy ways to cope

Relationships

Friendships, family, intimate partners, and loved ones

Community

Engaging and maintaining active community bonds

Ceremony

Engaging in traditional ways of well-being



Physical Health

Exercise, avoidance of risky health behaviors such as smoking

Balanced Diet

Healthy foods and maintaining a healthy weight

Relaxation

Stress relief activities and engaging in hobbies

SUBSTANCE USE DISORDER RESOURCES

If you or someone you know is struggling with Substance Use Disorder or addiction help is available.

By going to the websites below or calling 2-1-1 you can find support.

Pain & Opioid Use Disorder, IHS
ihs.gov/opioids/

National Substance Abuse and Mental Health Services Administration
findtreatment.samhsa.gov/locator

Utah Department of Human Services
Substance Abuse and Mental Health
dsamh.utah.gov

Additional Resources:

Naloxone
naloxone.utah.gov

Utah Naloxone
utahnaloxone.org

Stop the Opioid epidemic
opidemic.org

Use Only as Directed
useonlyasdirected.org

MotherToBaby Utah
1(800) 822-2229

Utah Poison Control
poisoncontrol.utah.edu

Call 9-1-1, get medical help,
Or call the Utah Poison Control Center
1-800-222-1222



WHAT IS SUBSTANCE MISUSE ?



Keeping our Communities
SACRED & WHOLE

Promoting Responsible Use of
Prescription Medications



Office of American Indian
& Alaska Native
Health Affairs

UTAH DEPARTMENT OF
HEALTH

WHAT ARE SUBSTANCES?

There are many substances used on or in the body for **medical** or **recreational** uses.

We will examine three of the most commonly abused substances:

ALCOHOL



An intoxicating agent of fermented or distilled liquor.

- Excessive and long-term alcohol use can lead to addiction.
- Moderate to heavy drinking can lead to aggressive or risky behavior.
- Alcohol is considered a depressant.

OPIOIDS



Opioids are medications prescribed to treat pain. They can also be illicit (illegal) drugs like heroin.

- Too many opioids in the body can cause a person to stop breathing.
- Extended use of opioids can have long-term effects on the brain and body.
- Opioids are considered depressants.

METH



A synthetic or semi-synthetic compound that stimulates the central nervous system (CNS).

- Meth can be harmful to your body and affect your well-being.
- Meth use can lead to harmful exposure to bloodborne infections such as HIV and Hepatitis.
- Meth is considered a stimulant.

WHAT IS MISUSE?

All of these substances are **highly addictive**. Each substance has the potential to make one **physically** and **physiology** dependent.

We will break down how each of these substances affects the brain:

Alcohol use can cause damage to neurons and lessen brain functionality.

Alcohol blocks **Glutamate receptors**.

Alcohol interferes with the brain by inhibiting brain activity.



Opioids are highly addictive narcotic substances.

Opioids block **pain receptors**.

Opioids produce a calming effect. However, opioids are **not a cure** for illness or injury.



Meth results in a massive release of **dopamine**.

Meth produces a sense of euphoria. However, long-term use of meth could lead to molecular changes in the brain and body.



HOW THE BODY IS AFFECTED



SUBSTANCE MISUSE

Examine the body's response

Everyone's physical response to these substances is different based on size, weight, and medical history.

These are general effects on critical organs



Alcohol, opioids, and meth in the brain

These substances can change, inhibit, and damage the brain and brain activity.

Substance Misuse in the Brain

- Long-term alcohol use can shrink the brain which can lead to lessened brain functionality.
- Opioid misuse can lead to a complete shutdown of the central nervous system depriving the brain of oxygen and may lead to brain death.
- Meth use can lead to psychosis which can cause hallucinations, paranoia, and potentially, a disconnect to reality.



Alcohol, opioids, and meth in the heart

These substances can cause heart damage and can lead to heart disease. Use of these substances increases your chance of cardiac arrest.



Alcohol, opioids, and meth in the liver

These substances can cause liver damage and can lead to liver disease.



Alcohol, opioids, and meth in the kidneys

These substance can cause kidney damage and can lead to kidney disease. May cause renal failure.

You are not alone

It takes a Community, to overcome addiction

If you or someone you know is struggling with Substance Use Disorder or addiction help is available.



By going to the websites below or calling 2-1-1 you can find support.

Pain & Opioid Use Disorder, IHS
[ihs.gov/opioids/](https://www.ihs.gov/opioids/)

National Substance Abuse and Mental Health Services Administration
findtreatment.samhsa.gov/locator

Utah Department of Human Services
Substance Abuse and Mental Health
dsamh.utah.gov

Keeping our Communities
SACRED & WHOLE

Promoting Responsible Use of
Prescription Medications



UTAH DEPARTMENT OF
HEALTH

Prescription Safety

Safely Managing your Opioid Medications

Opioids are **highly addictive** narcotic substances.

Unlike your other prescriptions, you **do not need** to finish your opioid medications.

You should only use them as prescribed.

Additional Resources:

Use Only as Directed
useonlyasdirected.org

Here are a few tips to store and dispose of opioids:



Keep opioids in the original container
with the child-resistant cap secured.



Store opioids in a locked place
out of reach of kids, family, pets, and guests.



Take unused medications to collection bins.
Bins are located across the state for safe and convenient disposal.



Keeping our Communities
SACRED & WHOLE

Promoting Responsible Use of
Prescription Medications



Office of American Indian
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UTAH DEPARTMENT OF
HEALTH

Prescription Safety Guide

Safely Managing your Opioid Medications

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Bins are located across the state for safe and convenient disposal.

If you have leftover opioid medications, here's what you should do:



You can use DisposeRx packet

Follow packet's instructions to safely dispose your medications.



You can safely dispose of opioids at a medication box

To find a drop box location visit useonlyasdirected.org

