



TRIBAL HEALTH EQUITY SUMMIT AGENDA

Tuesday, August 16 | Virtual Event
12-6pm (All times are in **Eastern Daylight Time**)

Summit Goals:

- Advance national conversation around defining a Tribal perspective of health equity
- Create policy recommendations for Medicare and Medicaid to better advance health equity for American Indians & Alaska Natives

- 12:00 – 12:10 Welcome & Opening Prayer
Chief Beverly Cook (Saint Regis Mohawk Tribe) - Nashville Area Representative, NIHB Board of Directors
- 12:10 – 12:25 Opening Remarks from NIHB
Carrie Field, MPH – Policy Analyst, National Indian Health Board
- 12:25 – 12:40 Opening Remarks from the Centers for Medicare and Medicaid Services
Dr. LaShawn McIver - Director of the Office of Minority Health, Centers for Medicare and Medicaid Services
- 12:40 – 1:05 First Keynote: Tribal Perspectives on Health Equity
Dr. Malia Villegas (Sugpiaq/Alutiiq) - Senior Vice President of Community Investments, Afognak Native Corporation
- 1:05 – 1:30 Second Keynote: Tribal Health Equity and the Question of Race
Dr. Bryan Brayboy (Lumbee) – Director of the Center for Indian Education, Arizona State University

National Indian Health Board



1:30 – 2:00 Moderated Discussion with Keynote Speakers: Crafting a Tribal Definition of Health Equity

Moderator: Chief Beverly Cook (Saint Regis Mohawk Tribe) - Nashville Area Representative, NIHB Board of Directors

Panelists:

- **Dr. Malia Villegas** (Sugpiaq/Alutiiq) - Senior Vice President of Community Investments, Afognak Native Corporation
- **Dr. Bryan Brayboy** (Lumbee) – Director of the Center for Indian Education, Arizona State University

Session Description

This session will explore what health equity means from a Tribal perspective, including questions around the language we use to discuss equity; the central importance of Tribal Sovereignty and the federal trust responsibility; and what’s needed to advance health equity for American Indians and Alaska Natives.

2:00 – 2:05 Attendee Engagement

2:05 – 2:20 15 Minute Break

2:20 – 3:40 Panel Discussion 1: How Medicare & Medicaid Policy Can Consider Tribal Determinants of Health to Achieve Health Equity

Moderator: Chairman Amber Torres (Walker River Paiute Tribe) - Phoenix Area Representative, NIHB Board of Directors

Panelists:

- **Larry Curley** (Navajo), Executive Director, National Indian Council on Aging
- **Mattie Curry** (Blackfeet Nation), Project Coordinator, Public Health Policy Programs, National Indian Health Board
- **Dr. Kyle Hill** (Ojibwe, Dakota, and Lakota), Assistant Professor, Indigenous Health, University of North Dakota

Session Description

This panel discussion will focus on the intersection of Tribal health equity, Tribal social determinants of health, and Medicare/Medicaid policy. Panel participants will reflect diverse perspectives on these issues, examining them through the lenses of elder health, behavioral health, and maternal health for American Indians and Alaska Natives.



3:40 – 3:50 Attendee Engagement – Introduction to Proposed Recommendations for Medicare and Medicaid
Carrie Field, MPH – Policy Analyst, National Indian Health Board

Session Description

This session will introduce the topics that will be covered in the following Breakout Discussions, looking at proposed policy recommendations for Medicare and Medicaid to better serve American Indians and Alaska Natives and more effectively advance Tribal health equity. The proposed recommendations are on the last page of this agenda.

3:50 – 4:05 15 Minute Break

4:05 – 4:25 Breakout Discussions – Recommendations for Medicare and Medicaid

Session Description

These breakout room discussions will provide an opportunity for all Tribal attendees to provide their insight and feedback into what is most important for Medicare and Medicaid to support health equity for American Indians and Alaska Natives. Participants will provide their thoughts on some proposed recommendations for Medicare and Medicaid, based on the outcomes of the earlier Inter-Tribal World Café on Health Equity, held in May 2022 (those **recommendations are included on the last page of this agenda**). We would like to hear from Tribal attendees about 1) whether you support the proposed recommendations; 2) any modifications you would like to see; 3) more specific recommendations; 4) other important considerations we may have missed.

Summit attendees who are neither American Indian/Alaska Native nor representatives of Tribal organizations are invited to join breakout rooms to listen and learn, with the understanding that the intention of this discussion is to elevate Tribal voices.

4:25 – 5:45 Panel Discussion 2: Improving Data in Pursuit of AI/AN Health Equity

Moderator: Dr. Aaron Payment (Sault Ste. Marie Tribe of Chippewa Indians) –
Director of Government Relations, National Indian Health Board

Panelists:

- **Abigail Echo-hawk**, (Pawnee), Executive Vice President at Seattle Indian Health Board and Director of Urban Indian Health Institute
- **Dr. Karen Matsuoka**, Chief Quality Office & Director, Division of Quality and Health Outcomes, Centers for Medicare and Medicaid Services

National Indian Health Board



- **Harlan Pruden** (First Nations Cree), Indigenous Knowledge Translation Lead at British Columbia Centre for Disease Control and Co-Founder of Two Spirit Dry Lab

Session Description:

This panel discussion will explore different perspective on best practices for how we use data to inform priorities and measure progress towards AI/AN health equity. Panelists will discuss what it means to decolonize our data practices; how changes in policies or data practices can better support AI/AN health equity; and opportunities for Medicare and Medicaid data to be used to advance AI/AN health equity.

5:45- 6:00 Closing Session: Final Recommendations & Next Steps

6:00pm Adjourn

Please see the following page to review the proposed recommendations for Medicare and Medicaid.

Steps Forward for CMS

Based on the outcomes of the 2022 Inter-Tribal World Café on Health Equity, the following recommendations are examples of steps the Centers for Medicare and Medicaid Services (CMS) can take - in partnership and consultation with Tribes - to build on the [CMS Health Equity Framework](#) and advance health equity for American Indians and Alaska Natives (AI/AN).

1. Tribal Sovereignty

- Create a policy acknowledging that 'American Indian and Alaska Native' is a matter of political status (not race/ethnicity)
- Ensure CMS health equity definition is inclusive of AI/AN
- Approach AI/AN health equity through the Government-to-Government relationship the US maintains with Tribal Nations

2. Resilience through Culture

- Advance language access, health literacy, and the provision of culturally tailored services designed by Tribes for Tribes
- Support Indigenous knowledge, traditional healing, and culturally relevant services
- Proactively solicit Tribal input on communications materials going to Indian Country

3. Strong Tribal Institutions

- Build capacity of Tribal health and wellness organizations, programs, and workforce to recognize strengths and reduce inequities
- Collaborate with Tribal governments and organizations, including Tribal Epidemiology Centers

4. Tribal Representation in State & Federal Governance

- Work with Tribes to assess causes of disparities within CMS programs, and address inequities in policies and operations to close gaps
- Ensure regular, meaningful, and robust Tribal Consultations, including for CMS guiding documents like the Strategic Plan and Health Equity Framework
- Be responsive to recommendations of the CMS Technical Tribal Advisory Group

5. Federal Trust Responsibility

- Expand the collection, reporting, and analysis of standardized data to better represent AI/AN
- Provide training to CMS employees on Tribes and application of the federal trust responsibility
- Review CMS documents and policies for implicit bias

Blue text is from the [CMS Framework for Health Equity 2022-2032](#)