WELCOME!

Tribal Health Equity Summit
Tuesday, August 16, 2022
12:00 PM - 6:00 PM ET

Get ready for the conversation
We need your ideas
Open a web browser and join polleveverywhere

Join by Web
1. Go to PollEv.com
2. Enter NIHB
3. Respond to activity

National Indian Health Board
Where are you joining us from?
What does health equity mean to you?

Keywords: recognition, easy, traditional, accessible, referred, social, success, outcomes, means, potential, optimal, rights, prevention, level, needed, living, race, opportunities, disparities, gets, regardless, equal, health, access, care, need, fair, healthcare, healthy, need, care, everyone, justice, fairness, opportunity, support, community, representation, clean, tools, well-being, having, treaty, equity, combating, way.
INTER-TRIBAL WORLD CAFE ON HEALTH EQUITY

On May 13, 2022, seventy members of Tribes, Indian healthcare organizations, and government agencies gathered for the virtual Inter-Tribal World Café on Health Equity during the National Tribal Public Health Summit.
KEY DRIVERS OF HEALTH INEQUITIES
for American Indians and Alaska Natives (AI/AN)

Colonialism

Colonialist aims separated AI/AN from community, identity, and culture.
Leading to self-perpetuating, systemic barriers

- Generational poverty
- Erasure
- Distrust
- Disparities in opportunities (education, jobs, healthcare)
- Exclusion of AI/AN and Tribes in decision-making
- Data practices that exclude AI/AN from representation
- Severely underfunded public sector

The outcome: Severe health inequities for American Indians and Alaska Natives

Because of these systemic injustices, AI/AN face lower life expectancies and higher rates of preventable disease, disability, and death.
1. **Tribal Sovereignty**
   Respect for Tribal Nations as sovereigns and expanded Tribal self-governance are foundational to AI/AN health equity.

2. **Resilience through Culture**
   Leaning into traditional values and worldviews opens new paths forward.

3. **Strong Tribal Institutions**
   With collaboration, emphasis on traditional values, and prioritization of health and wellbeing, Tribal institutions can be powerful forces for AI/AN health equity.
4. **Tribal Representation in State & Federal Governance**

Undoing centuries of harm to AI/AN requires dedication to rebuilding relationships and trust and purposeful inclusion of Tribes in decision-making.

5. **Federal Trust Responsibility**
KEY PHRASES

- Social Determinants of Health:
  - Factors outside genes or healthcare that influence health
- CMS: The Centers for Medicare and Medicaid Services

OVERVIEW OF THE DAY

- All summit materials can be found at nihb.org/health-equity
- Four main portions of today’s agenda:
  - Introduction to the day
  - Crafting a Tribal Definition of Health Equity
    - Keynote Speakers
    - Moderated Q & A
  - CMS Policy Recommendations
    - Panel Discussion
    - Breakout Sessions
  - Improving Data to Better Measure AI/AN Health Equity
    - Panel Discussion
SUMMIT GOALS

• Advance the national conversation around a Tribal definition of health equity
• Create policy recommendations for Medicare and Medicaid to better support health equity for American Indians & Alaska Natives
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<tbody>
<tr>
<td>9</td>
<td>9</td>
<td>Working collaboratively toward the goal of achieving health equity</td>
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<td>8</td>
<td>8</td>
<td>Discussing how CMS can be consulted to support unique cases in Indian Health Care.</td>
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<td>6</td>
<td>6</td>
<td>hearing about future efforts</td>
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<td>5</td>
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<td>Reaching mothers and infants with adequate health care</td>
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<td>3</td>
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<td>Focusing specifically on the vision of Indigenous peoples for a healthier future</td>
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<td>learning best practices to promote health equity in my work</td>
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<td>2</td>
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<td>Learning about how to address climate change impacts on healthy equity</td>
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CMS Health Equity Initiative

Dr. LaShawn McIver | CMS Office of Minority Health (CMS OMH)
Agenda

- CMS OMH Overview
- CMS Health Equity Strategy
- CMS Strategic Efforts
- CMS OMH Initiatives
- Connect with CMS OMH
CMS Office of Minority Health

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) is one of eight offices of minority health within the U.S. Department of Health and Human Services. CMS OMH works with local and federal partners to eliminate health disparities while improving the health of all minority populations, including members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

**MISSION**
CMS OMH will lead the advancement and integration of health equity in the development, evaluation, and implementation of CMS's policies, programs, and partnerships.

**VISION**
All those served by CMS have achieved their highest level of health and well-being, and we have eliminated disparities in health care quality and access.

https://go.cms.gov/omh
CMS Office of Minority Health

CMS OMH serves as the principal advisor to the Administrator and coordinator/integrator for all minority health issues at CMS.

- Leads the development of an Agency-wide data collection infrastructure for minority health activities and initiatives, and monitors the impact of Agency programs
- Participates in the formulation of CMS goals, policies, legislative proposals, priorities and strategies as they affect all involved in or concerned with the delivery of culturally and linguistically-appropriate, quality health services to minorities and disadvantaged populations
- Consults with HHS Operating Divisions and other public and private sector agencies and organizations to collaborate in addressing health equity
- Drives and coordinates the implementation of health equity related Executive Orders (25 since January 20, 2021) for CMS

Provides leadership, vision and direction related to improving minority health and eliminating health disparities
CMS Health Equity Strategy
Driving Equity through Executive Order

CMS is leading the way toward our healthiest nation, moving from disparities to equity.

— Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities and other Executive Orders call on us to identify, understand, and address structural, policy, and operational barriers to CMS-supported services, benefits, and coverage.

— Driven by input, guidance, and direction from our communities, gathered through respectful and responsive dialogue.

• Racial and ethnic minorities
• People with disabilities
• Members of the lesbian, gay, bisexual, transgender, and queer community (LGBTQ+)
• Individuals with limited English proficiency
• Rural populations
• Persons otherwise adversely affected by persistent poverty or inequality
Defining Health Equity

• **Health equity** means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other circumstances.¹

• **CMS is working to advance health equity by:**
  1. Designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs.
  2. Eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or historically underserved.
  3. Providing the care and support that our enrollees need to thrive.

• **True quality does not exist without equity.** Our goal is to advance progress in creating a care journey that is free from inequity while optimizing opportunities, access, and outcomes for historically underserved and under-resourced communities.

CMS Health Equity Strategy

CMS outlined an action plan that demonstrates the Biden-Harris Administration’s ongoing efforts to provide high-quality, affordable health care for all people, regardless of their background, and to drive health equity across HHS. The plan includes the following actions:

— Close gaps in health care access, quality, and outcomes for underserved populations.
— Promote culturally and linguistically appropriate services to ensure understandable and respectful care and services that are responsive to preferred languages, health literacy, and other diverse communication needs.
— Build on outreach efforts to enroll eligible people across Medicare, Medicaid/CHIP and the Marketplace.
— Expand and standardize the collection and use of data, including on race, ethnicity, preferred language, sexual orientation, gender identity, disability, income, geography, and other factors across CMS programs.
— Evaluate policies to determine how CMS can support safety net providers caring for underserved communities, and ensure care is accessible to those who need it.
— Ensure engagement with and accountability to the communities served by CMS in policy development and the implementation of CMS programs.
— Incorporate screening for and promote broader access to health-related social needs, including greater adoption of related quality measures, coordination with community-based organizations, and collection of social needs data in standardized formats across CMS programs and activities.
— Ensure CMS programs serve as a model and catalyst to advance health equity through our nation’s health care system, including with states, providers, plans, and other stakeholders.
— Promote the highest quality outcomes and safest care for all people through use of the framework under the CMS National Quality Strategy.
CMS Strategic Efforts
CMS Strategic Pillars

**ADVANCE EQUITY**
Advance health equity by addressing the health disparities that underlie our health system

**EXPAND ACCESS**
Build on the Affordable Care Act and expand access to quality, affordable health coverage and care

**ENGAGE PARTNERS**
Engage our partners and the communities we serve throughout the policymaking and implementation process

**DRIVE INNOVATION**
Drive Innovation to tackle our health system challenges and promote value-based, person-centered care

**PROTECT PROGRAMS**
Protect our programs’ sustainability for future generations by serving as a responsible steward of public funds

**FOSTER EXCELLENCE**
Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS’s operations
CMS Framework for Health Equity

- Allows a framework for CMS to operationalize health equity.
- Newly released to expand on the existing CMS Equity Plan to include all CMS programs: Medicare, Marketplace, and Medicaid and CHIP.
- Identifies 5 Priority Areas.
- Evidence-based
  - CMS’s approach to advancing health equity is informed by decades of research and years of dedicated, focused stakeholder input, and evidence review.
  - Gather and synthesize input from health care providers; federal, state, and local partners; tribal nations; individuals and families; researchers; policymakers; and quality improvement and innovation contractors.

https://go.cms.gov/framework
CMS 10-year Framework for Health Equity: 5 Priority Areas

Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps

Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

Priority 5: Increase All Forms of Accessibility to Health Care Services & Coverage

go.cms.gov/omh
CMS OMH Initiatives
CMS OMH Initiatives

- CMS EQUITY PLAN FOR MEDICARE
- DATA SNAPSHOTs
- DATA HIGHLIGHTs
- STRATIFIED REPORTING
- HEALTH EQUITY TECHNICAL ASSISTANCE
- MINORITY RESEARCH GRANT PROGRAM
- RURAL HEALTH
- CHRONIC CARE MANAGEMENT
- MAPPING MEDICARE DISPARITIES TOOL
- COVERAGE TO CARE
Coverage to Care

- Roadmap to Better Care and a Healthier You
- Roadmap to Behavioral Health
- Manage Your Health Care Costs
- Prevention Resources
- Chronic Care Management
- Guide for People with Disabilities
- Managing Diabetes
- Partner Toolkit and Community Presentation

go.cms.gov/c2c
CoverageToCare@cms.hhs.gov
Connect with OMH
Thoughts on Equity and Health Care: Four Acts

BRYAN MCKINLEY JONES BRAYBOY (LUMBEE)
PRESIDENT’S PROFESSOR
An Introduction
The Brayboy Boys
Akimel O’otham and Piiposh
Disclaimers

- I’m an anthropologist...
- My patience is wavering...
COVID Challenges

- Natives were 3.5x more likely to be infected;
- Mississippi Study: 100 hospitals and 18,000 adults—high mortality rates;
- Loss of Elders;
- Exposed a Triple Pandemic.
“It seems to me that COVID has revealed a lot of truths, everywhere in the world. If we were ignorant of the truth, it is now revealed; if we were ignoring the truth, it is now revealed. This truth is the disparity: of health, wellbeing and human value. And now that the truth has been revealed, what are we going to do about it?”
ACT II: The Power of Liminality

- 1 Billion acres of land for three promises: Health, Education, and Welfare;
- Treaties and Trust Relationship/Responsibility;
- Both legal/political status and a racialized one;
- Colonization and racism create bad conditions.
ACT III: Intermission

- Resilience: “the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands;”

- Responsibility in individuals;

- Move from resilience to create the conditions for individuals and communities to be healthy, whole, and thriving.
ACT IV: The Future

- What does a just system for health look like for Indigenous peoples? How do we create the conditions for just systems to thrive?
- Blowing stuff up is fun!
- Building it is hard!
What Do We Do?

- Capital “C” Consultation;
- What conditions need to be created for you and your families and communities to thrive?
- Can we break it? Will we?
- Build capacity;
- Consider the eschatological.
Closing Curtain Call

- Challenge the status quo!
- What will it mean to not just be good enough, but to be better?
- See the **ubiquity of brilliance** and learning;
- Believe in the **abundance of possibilities** and peoples;
- Reject scarcity; **embrace abundance**.
Quyana/Thank You

Bryan.Brayboy@asu.edu
@BryanBrayboy
What is one strength we have as Native peoples that gives you hope for the future of health equity in Indian Country?
How would you describe your experience level in discussing/working on health equity?

- Novice: 15%
- Advanced Beginner: 27%
- Competent: 37%
- Proficient: 16%
- Expert: 4%
How would you describe your experience level in discussing/working on Tribal health issues? (e.g. familiarity with Tribal Sovereignty, federal trust responsibility, Indian health system, Tribal law, cultural humility, etc.)

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<thead>
<tr>
<th>Level</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Novice</td>
<td>20%</td>
</tr>
<tr>
<td>Advanced Beginner</td>
<td>28%</td>
</tr>
<tr>
<td>Competent</td>
<td>30%</td>
</tr>
<tr>
<td>Proficient</td>
<td>18%</td>
</tr>
<tr>
<td>Expert</td>
<td>5%</td>
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How would you describe your experience level discussing/working with Medicare (the public health insurance program for the elderly and people with disabilities)?

- Novice: 39%
- Advanced Beginner: 28%
- Competent: 22%
- Proficient: 8%
- Expert: 3%
How would you describe your experience level discussing/working with Medicaid (the public health insurance for people with low-income)?

- Novice: 39%
- Advanced Beginner: 26%
- Competent: 18%
- Proficient: 12%
- Expert: 5%
WE’RE ON BREAK

We will reconvene at 2:20pm ET

In the meantime, have you answered the poll questions at pollev.com/nihb?
Social Determinants of health and Impacts on Behavioral Health

Kyle Hill, PhD, MPH
Assistant Professor, University of North Dakota
Department of Indigenous Health
School of Medicine and Health Sciences
Social Determinants of Health

- Proximal
- Intermediate
- Distal
Healthy People 2030 uses a place-based framework that outlines five key areas of SDoH

- Healthcare Access and Quality
- Education Access and Quality
- Social and Community Context
- Economic Stability
- Neighborhood and Built Environment

(https://www.cdc.gov/socialdeterminants/about.html)
Healthy People 2030 uses a place-based framework that outlines five key areas of SDoH

- Healthcare Access and Quality
- Education Access and Quality
- Social and Community Context
- Economic Stability
- Neighborhood and Built Environment

(https://www.cdc.gov/socialdeterminants/about.html)
Proximal Determinants of Health

• Early childhood development
• Income and social status
• Education and literacy
• Social support networks
• Employment
• Working conditions and occupational health
• Physical environment
• Culture and Gender
Intermediate Determinants of Health

• Like the trunk of the tree, facilitate or hinder health through systems that connect the proximal and distal determinants
  • May have a less direct impact on health of individuals – influence proximal determinants

  • Health promotion and health care
  • Education and justice
  • Social supports
  • Labor markets
  • Government
  • Private enterprise
Indigenous Intermediate Determinants of Health

- Kinship networks
- Relationship to land
- Language
- Ceremonies and spiritual connectedness
- Cultural connectedness
- Hunting, fishing, gathering
- Storytelling and knowledge sharing
Indigenous Intermediate Determinants of Health

- Kinship networks
- Relationship to land
- Language
- Ceremonies and spiritual connectedness
- Cultural connectedness
- Hunting, fishing, gathering
- Storytelling and knowledge sharing
Distal (root) and structural Determinants of Health

- Like the roots of a tree distal determinants represent foundations from which other social determinants evolve:
  - **Historical** – Settler Colonialism and historical loss, forced removals, boarding schools, land dispossession, nutrition transition/commodity foods, etc.
  - **Political**
  - **Ideological** – White supremacy, western Eurocentric medicine, science, etc.
  - **Economic**
  - **Social foundations** (including Indigenous worldviews, spirituality, and self-determination)

- Like the interconnectedness of health (spiritual, emotional, mental and physical)
- Distal, intermediate and proximal determinants are connected
Disparities within U.S. and Canada Indigenous

- **Lower life expectancies**
  - 73.7 years in U.S. Indigenous, 70-74 years in Canadian Indigenous; as compared to 78.1 years in U.S. all races, and around 82 years for Canadian Non-Indigenous populations.

- **Higher unemployment rates**
  - 12.4%, 13%; as compared to 5.7%, 5.2% for non-Indigenous

- **Lower incomes**
  - $30,599, $20,060; as compared to of non-Indigenous counterparts at $41,994, $27,622

- **Poorer educational attainment of high school diploma**
  - 70.9%, 68%; as compared to 80.4%, 85% of non-Indigenous counterparts


- **Health disparities** - Disproportionate rates of diabetes, obesity, substance abuse, suicide, unintentional injuries, cervical, kidney and liver cancers (NCAI, 2018; IHS 2014).

- **Historical and Intergenerational Trauma**
IHS Mental Health services: I/T/U

- IHS/Tribal/Urban AI health programs
- The Indian Health Service (IHS) Mental Health/Social Services (MH/SS) program is a community-based clinical and preventive service program that provides ongoing vital outpatient mental health counseling and access to dual diagnosis services, mental health crisis response and triage, case management services, community-based prevention programming, and outreach and health education activities
Warne and Frizzell, 2014
Decolonizing Behavioral Health in AI/AN communities

• Land-based healing approaches.
• Indigenous epistemologies guide the healing modality.
• Trauma-informed care and infrastructure.
• Honoring tribal sovereignty and self-determination in any health care decision-making process:
  • Particularly important in staffing decisions
  • Evidence-based vs. practice-based care
• Incentive to 638 health programs – tribally administer.
• Innovative uses of Medicare and Medicaid expansion within the IHCIA – often this funding exceeds direct congressional appropriations.
  • Traditional Medicine and culturally embedded treatment modalities
• Entering into agreements with VA and sharing health care services for AI/AN.
- **Medicare** is federal health insurance for people 65 or older, some younger people with disabilities, people with End-Stage Renal Disease.

- **Medicaid** provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.
What steps should Medicare and Medicaid prioritize to better support Tribal social determinants of health?

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<tr>
<th>Rank</th>
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<tbody>
<tr>
<td>44</td>
<td>Support holistic, integrated care</td>
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<tr>
<td>35</td>
<td>Reimburse for Traditional healing services</td>
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<tr>
<td>32</td>
<td>Improve transportation options for accessing medical services</td>
</tr>
<tr>
<td>29</td>
<td>Allow reimbursement for supportive housing during SUD treatment</td>
</tr>
<tr>
<td>23</td>
<td>allow more Tribal control over Medicaid programs and what services are reimbursed</td>
</tr>
<tr>
<td>19</td>
<td>National Indian Health Care Insurance supplemented by local Medicaid and Medicare programs that are tailored to AI/AN needs</td>
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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).
Steps Forward for CMS

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
Steps Forward for CMS

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
Steps Forward for CMS

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
We will reconvene at 4:05pm ET

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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
Which ideas related to Tribal health equity would you like to see more in-depth discussion around?

- Decolonizing data & measurement
- Tribal sovereignty
- Framework that doesn't rely on Western ways of knowing
- The role of state government for advancing health equity for AI/AN
- The role of the federal government in advancing health equity for AI/AN
- What actions/steps by Tribes should be taken to ensure that health equity is met through Federal trust responsibility?
- The best language to use as we discuss these concepts from a Tribal perspective
- Two spirit and queer health
- Disability
- Tribal sovereignty and indigenous health equity defined unique
- Bilateral Violence - Lateral Oppression
- Evidence based practice vs decolonizing BH
- What is the role for private sector, specifically working for a health insurer (Medicare and Medicaid provider) how can we decolonize our process and influence the system.
THE POWER OF IDENTITY:
A PATH TO TRIBAL HEALTH EQUITY

Registration is now open! Visit www.nihb.org for the latest information
Conference Theme

THE POWER OF IDENTITY: A PATH TO TRIBAL HEALTH EQUITY

• 5 Conference Tracks:
  • Transformational Policy Change to Achieve Health Equity
  • Beyond Health Care: A Holistic Approach to Health Equity
  • Leveraging Tribal Resources for Health Equity
  • Respecting Tribal Sovereignty: A Path to Accelerating Tribal Health Equity
  • Honoring our Past, Preparing for our Future
Keep up to date – follow our current work!
nihb.org/health-equity
Event Evaluation

• https://www.surveymonkey.com/r/tribalhealthequitysummit
• Help us make the next event even better!

Thank you for coming!