National Indian Health Board

Executive Summary: Health Equity in Indian Country

Rethinking How the Centers for Medicare & Medicaid Services Approaches Health Equity for American Indians and Alaska Natives

In 2021, the Biden-Harris Administration announced health equity as a cornerstone of Administration policy. As health professionals and policymakers made plans to advance health equity, one thing became apparent: American Indian and Alaska Native voices were missing from the conversation. So, in 2022, the National Indian Health Board (NIHB), supported by the Centers for Medicare & Medicaid Services (CMS) and the CMS Tribal Technical Advisory Group (TTAG), sought to correct that narrative by convening Native health leaders from across the country to answer one critical question:

"What does health equity mean from a Tribal perspective?"

This report summarizes the results of three events focused on defining Tribal health equity. While the focus of discussion varied across events, sessions, and breakout rooms, several themes consistently emerged as foundational to any work related to health equity in Indian Country. This report lays out these foundational themes and implications for how CMS can more effectively pursue health equity for AI/ANs.

> *"If you're going to address disparities as a health equity issue within the federal government, you have to do something distinctively different than you've done in the past."*
> *- A September Listening Session Participant*

Key Drivers of Health Inequities

Advancing health equity in Indian Country requires a thorough understanding of the historical injustices and longstanding structural inequities that have led to the dire health inequities now experienced in tTribal communities. The systemic issues which give rise to AI/AN health inequities are rooted in the long history of harmful federal Indian policies: genocide; uprooting AI/ANs from homelands and Tribal community structures; bans on cultural practices and language; forced relocation to reservations; abusive boarding schools; and other destructive polices. The consequences of such longstanding structural discrimination are many, including:

- Undercutting of Tribal sovereignty and disempowering of Tribal governments
- Structural racism and the conceptualization of AI/AN as a "race"
- Disconnection of AI/ANs from community, identity, and culture
- Distrust and broken relationships between Tribal nations and federal and state governments
- Erasure of AI/AN peoples, identities, and histories
- Disparities in opportunities, like education, jobs, and health care
- Devaluing of Indigenous ways of knowing

Acknowledging the federal government's role in creating these health inequities is a necessary first step for any federal health equity initiative to be effective. With a full understanding of the drivers of inequities and their sequelae, federal agencies, in collaboration with Tribes, can more effectively design effective interventions to address the root causes of health inequities and make long-term, systemic changes to advance AI/AN health equity.

Foundations of Health Equity in Indian Country

Participants were extremely consistent in what they identified as the critical foundations of health equity in Indian Country; they also commonly cited these foundational pieces as the parts most often missing from federal health equity initiatives. Any federal work on health equity for AI/ANs must be grounded in thorough comprehension and respect for **Tribal sovereignty** and the **federal trust responsibility**. This starts with four key aspects:

- "American Indian and Alaska Native" is first and foremost a **unique political status**, and is only secondarily, and in specific contexts, a racial identity.
- **Respect for the nation-to-nation relationship** must be the foundation of any federal health equity initiatives in Tribal communities. Federal agencies must pay special attention to the significant nuances and complexities at this intersection of federal and Tribal jurisdictions; health equity initiatives must flow through the appropriate diplomatic channels that respect the authority of Tribal governments. In addition, the nation-to-nation relationship is between Tribal nations and the U.S. government—not the states; no federal policies or initiatives should subject Tribes to the will of a state.
- **Timely, meaningful, and robust Tribal consultation** is critical to ensuring health equity plans are appropriate and effective for Indian Country. The federal government must consult with Tribes whenever a change that will impact Tribes or AI/ANs is considered. As Medicaid is a federal program administered through states, CMS is responsible for ensuring that states conduct all necessary Tribal consultations and that these consultations are meaningful and robust.
- Health equity initiatives for Indian Country must always be Tribally led to **uphold Tribal self-determination**. Tribes should control the resources, plans, policies, and goals intended to achieve health equity for their people. Tribes know their people, communities, social and historical context, needs, and strengths best. Tribes are the experts in charting a path to health equity for their citizens. The federal government is most effective in working toward health equity when it puts its resources behind supporting the leadership of Tribal communities.

In addition, health equity initiatives for Indian Country must remain **rooted in strengths, resilience, and Native identity**. Colonization and the worldviews and values introduced by the colonizers have led to the devastating health inequities Tribal communities are experiencing—but leaning into traditional Indigenous values and worldviews opens new pathways forward. Tribes have the answers.

Indigenous knowledge, connection to community and culture, and traditional healing are essential to advancing health equity. We can only achieve health equity for Indian Country when we approach it through a Native lens.

A hundred years of federal reports[1] have documented dire health inequities in Tribal communities and the federal trust responsibility's ongoing failures; yet, these things have not improved.[2] The voices of participants were clear: these issues are too urgent to continue writing reports without following through with the actions and resources to solve the problems. We know what needs to be done. Health equity in Indian Country cannot wait.

Figure 1. What does health equity mean to you? (Participant responses)

[1] Meriam Report: The Problem of Indian Administration (1928); Indian Policy Review Commission Report (1978); A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country (2003); Broken Promises: Evaluating the Native American Health Care System (2004); and Broken Promises: Continuing Federal Funding Shortfall for Native Americans (2018).

[2] See the drastic drop in AI/AN life expectancy over the past few years, documented by the Centers for Disease Control and Prevention in the "Provisional Life Expectancy Estimates for 2021."

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A Path Forward: Tribal Recommendations for the Centers for Medicare & Medicaid Services to Advance Health Equity in Indian Country

I. Center Tribal Sovereignty and the Nation-to-Nation Relationship

- Support and respect Tribal sovereignty and authority.
- Recognize that Tribes and Tribal programs have the knowledge, expertise, and authority to design and deliver services in ways best suited for their people, building on cultural strengths and traditions.
- Change structures and systems to allow Tribes to work directly with the federal government and not through states.
- Provide training on Tribal sovereignty and the federal trust responsibility.

II. Prioritize Fulfillment of the Federal Trust Responsibility

- Implement the policy recommendations of the CMS Tribal Technical Advisory Group (TTAG).
- Hold states accountable.
- Institute uniform Medicaid eligibility & benefits for AI/AN.

III. Recognize that Tribes Hold the Answers to Tribal Health Equity.

- Empower Tribes to lead in health equity initiatives.
- Expand flexibility in Medicare.
- Listen to the experiences of people experiencing inequities and allow this input to inform policy development.
- Proactively solicit Tribal input on communications materials for Indian Country.

IV. Support Tribal Institutions

- Adapt the Medicaid and Medicare programs to cover a wider array of Tribal services, programs, providers, and initiatives.
- Resolve the “four walls limitation.”
- Improve Medicaid prior authorization practices.
- Provide billing and coding support.
- Ensure Indian health care providers are reimbursed by Medicare and Medicaid for all telemedicine services.

V. Disrupt Structures of Inequity and Shift the Balance of Power

- Prioritize timely, meaningful Tribal consultation & ensure states' Tribal consultations on CMS programs are timely & meaningful.
- Fully train staff on Tribal consultation, especially how to identify when it is needed.
- Incentivize state Medicaid agencies to work with Tribal liaisons and Indian health advisory boards to improve collaboration with Tribes.
- Expand opportunities for Tribal self-governance in CMS programs.
- Acknowledge the federal government's role in creating the health inequities AI/AN people are experiencing.

VI. Increase Visibility of American Indians & Alaska Natives

- Include Tribes and AI/AN people on task forces, workgroups, and committees.
- Improve data quality to better represent AI/AN.
- Standardize definitions of AI/AN across agencies, databases, and data warehouses.
- Facilitate Tribal data access.
- Provide resources for improving data.

VII. Heal Backwards and Forwards

- Make an explicit effort to address systemic racism in CMS policies and operations - including in programs run through states.
- Provide training to CMS staff and program partners on the ongoing impact of historical and intergenerational trauma in Tribal communities.
- Ensure services are trauma-informed and culturally appropriate.
- Recognize the historical, political, legal, and cultural context of health inequities and the communities experiencing them.
- Focus on systemic changes that will improve health and wellbeing for the next seven generations.

VIII. Focus on Relationships and Connectedness

- Adopt a holistic approach and focus on overall wellbeing, not just health care services.
- Recognize Tribal perspectives of social determinants of health & address these determinants in culturally relevant ways.
- Work with sister agencies and the CMS Division of Tribal Affairs to achieve health equity priorities.
- Expand collaboration of various CMS programs with CMS TTAG.
- Support integration of behavioral and physical health services.

IX. Honor Indigenous Knowedge

- Reimburse for traditional healing services.
- Set a standard for cultural humility across CMS programs and staff.
- Support providers with culturally specific training.