Measuring Health Equity with a Tribal Lens: Leaning on Strengths, Sovereignty, and Indigenous Identity

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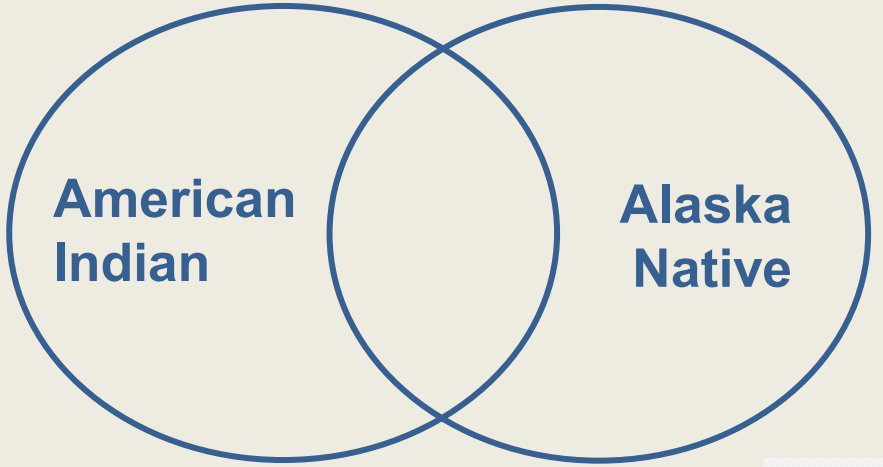
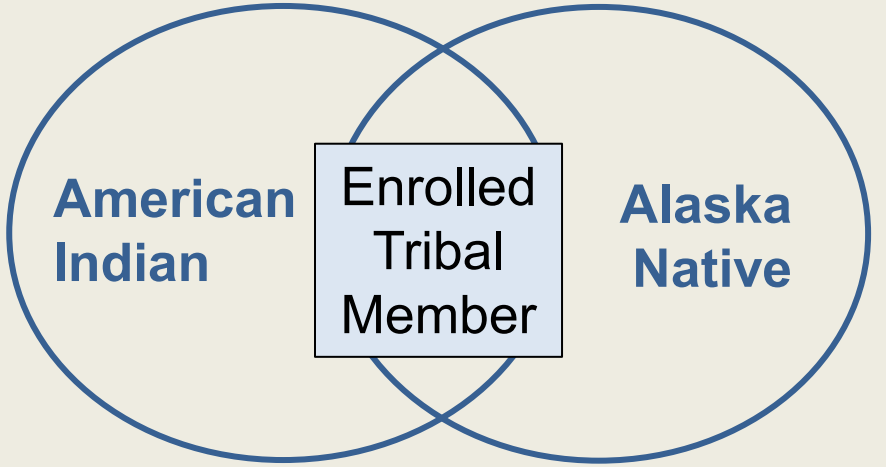
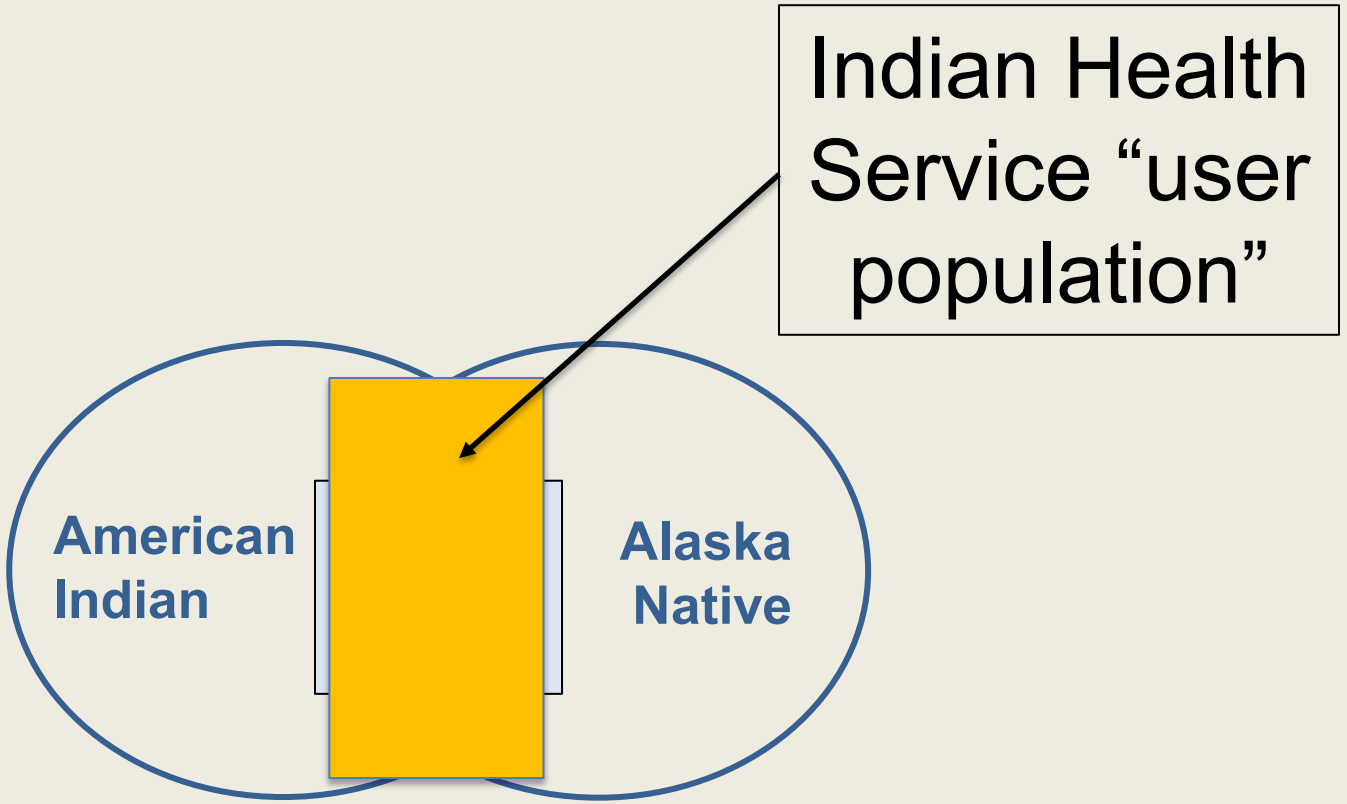
Provost Fellow, Indigenous Health Policy
Johns Hopkins University

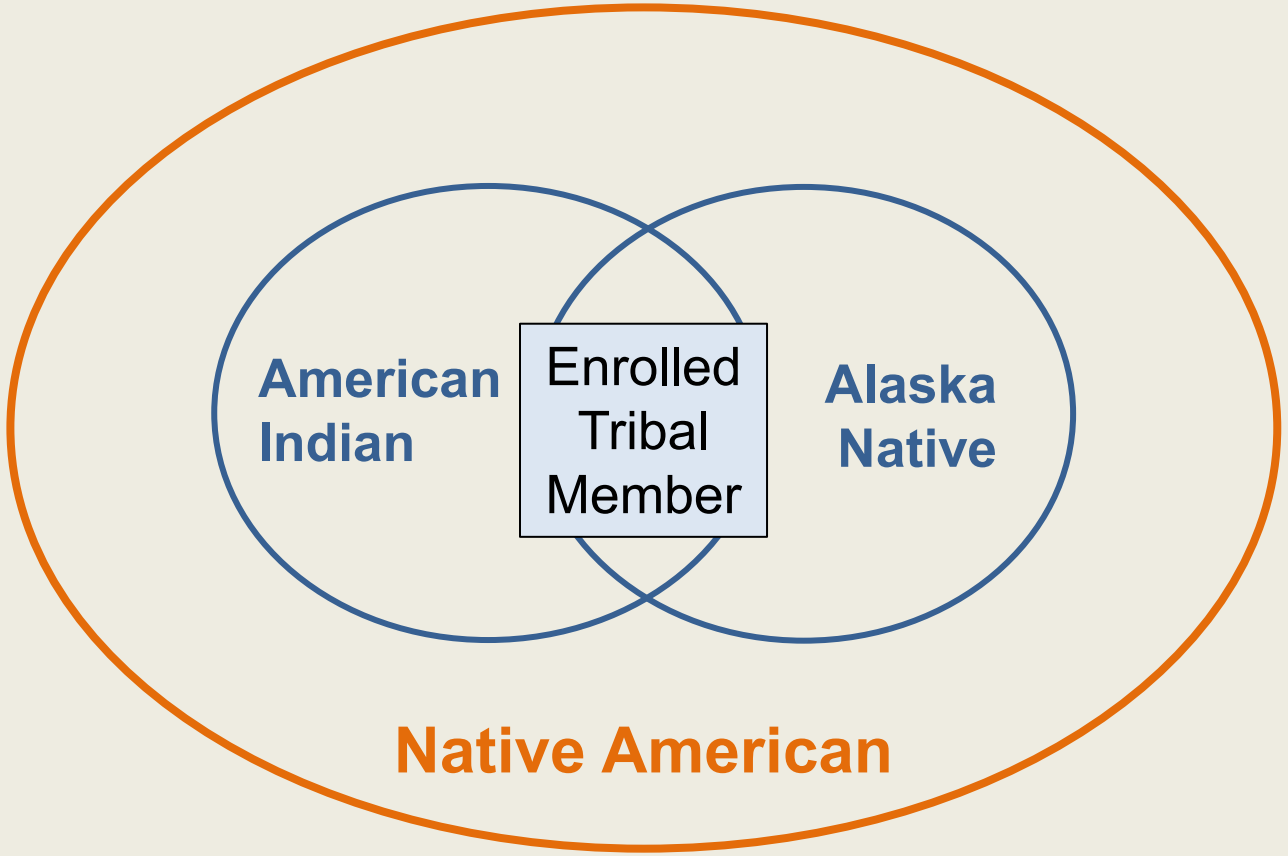
CENTER FOR
INDIGENOUS HEALTH

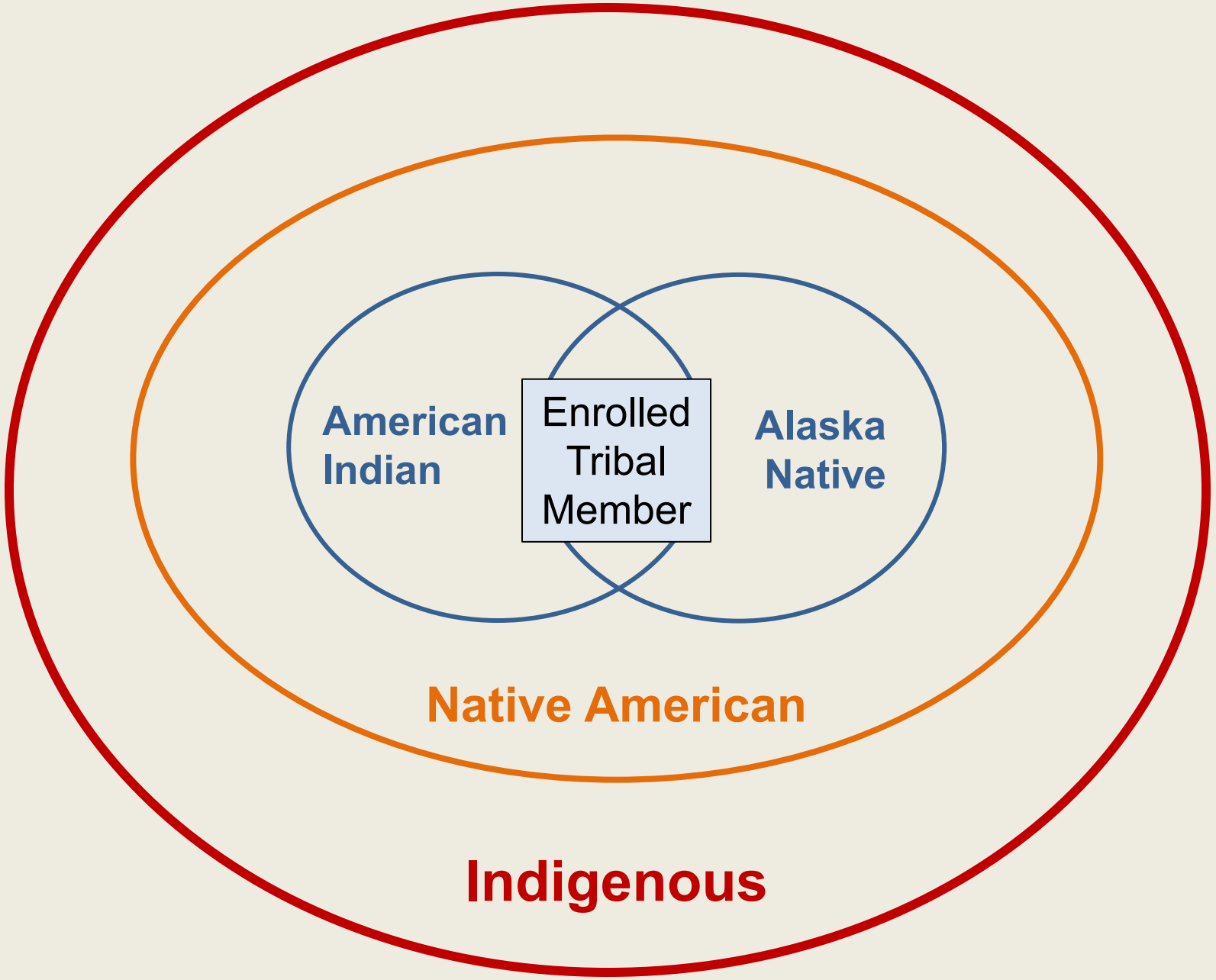

American Indian
Alaska Native

Iñupiaq and St. Lawrence Island Yupik
Fairbanks
Athabaskan
Nome
Yup'ik and Cup'ik
Anchorage
Juneau
Kodiak
Unangax̂ and Sugpiaq
Tlingit, Haida, Eyak and Tsimshian

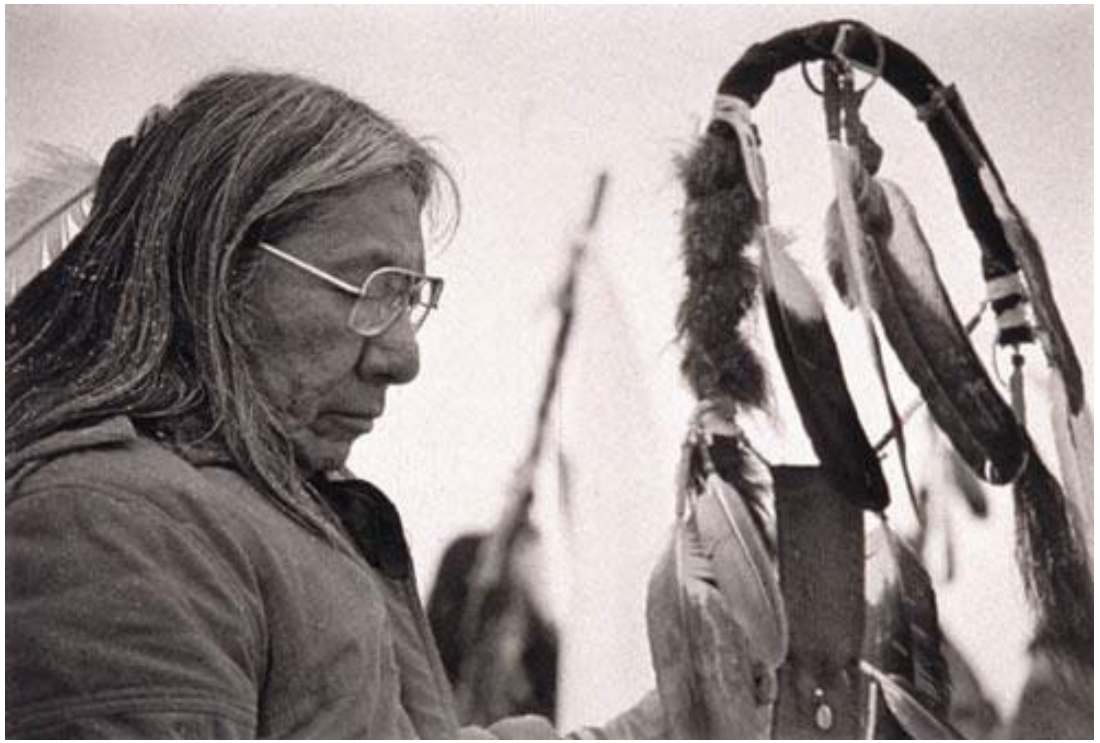

American Indian
Enrolled Tribal Member
Alaska Native


Indian Health Service “user population”
American Indian
Alaska Native


American Indian
Enrolled Tribal Member
Alaska Native
Native American


American Indian
Enrolled Tribal Member
Alaska Native
Native American
Indigenous

Traditional View of Public Health



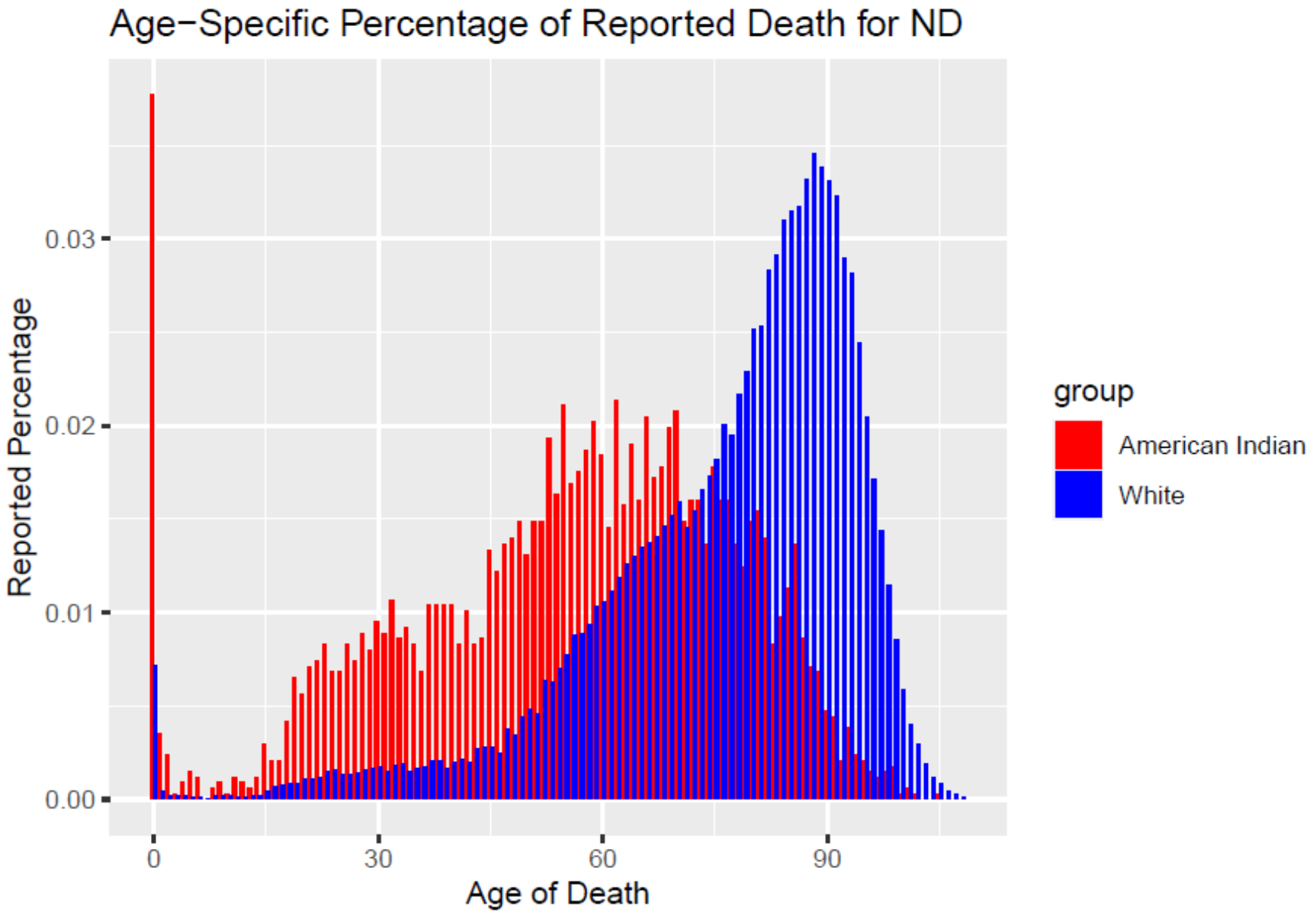
Pine Ridge Reservation
Kyle, S.D.

Fargo
Billings
Minneapolis
Rapid City
Kyle, SD
Omaha
Salt Lake City
Denver
Kansas City
Wichita
50°N
45°N
40°N
110°W
105°W
100°W
95°W

THE
FOOD STOP
CAFE
Kyle.SD
FOOD STOP
CAFE

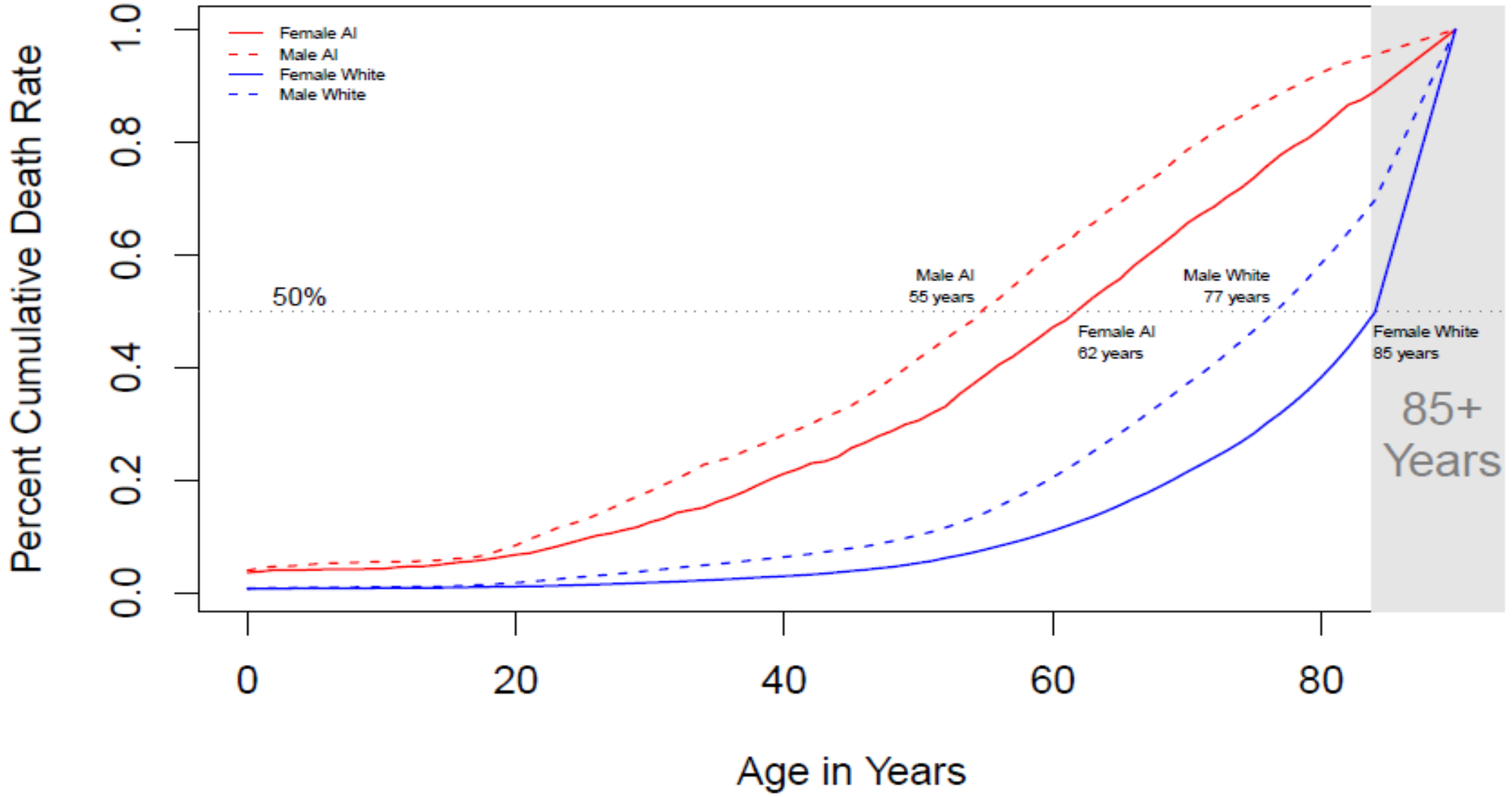
Age at Death in North Dakota

2009-2019



Age at Death in North Dakota

2009-2019



NEWS & UPDATES

White House Commits to Elevating Indigenous Knowledge in Federal Policy Decisions

NOVEMBER 15, 2021 • PRESS RELEASES

White House Office of Science & Technology Policy and Council on Environmental Quality release first-of-its kind memorandum to initiate new federal guidance on Indigenous Traditional Ecological Knowledge

https://www.whitehouse.gov/ceq/news-updates/2021/11/15/white-house-commits-to-elevating-indigenous-knowledge-in-federal-policy-decisions/

Agriculture

USDA announces a new focus on Indigenous food and agriculture

Dan Gunderson Moorhead, Minn. November 16, 2021 12:45 p.m.

Bear Island corn comes from an island on the Red Lake Reservation in northern Minnesota. Dan Gunderson | MPR News 2011

Respect for Indigenous Knowledge

- Indigenous STEM

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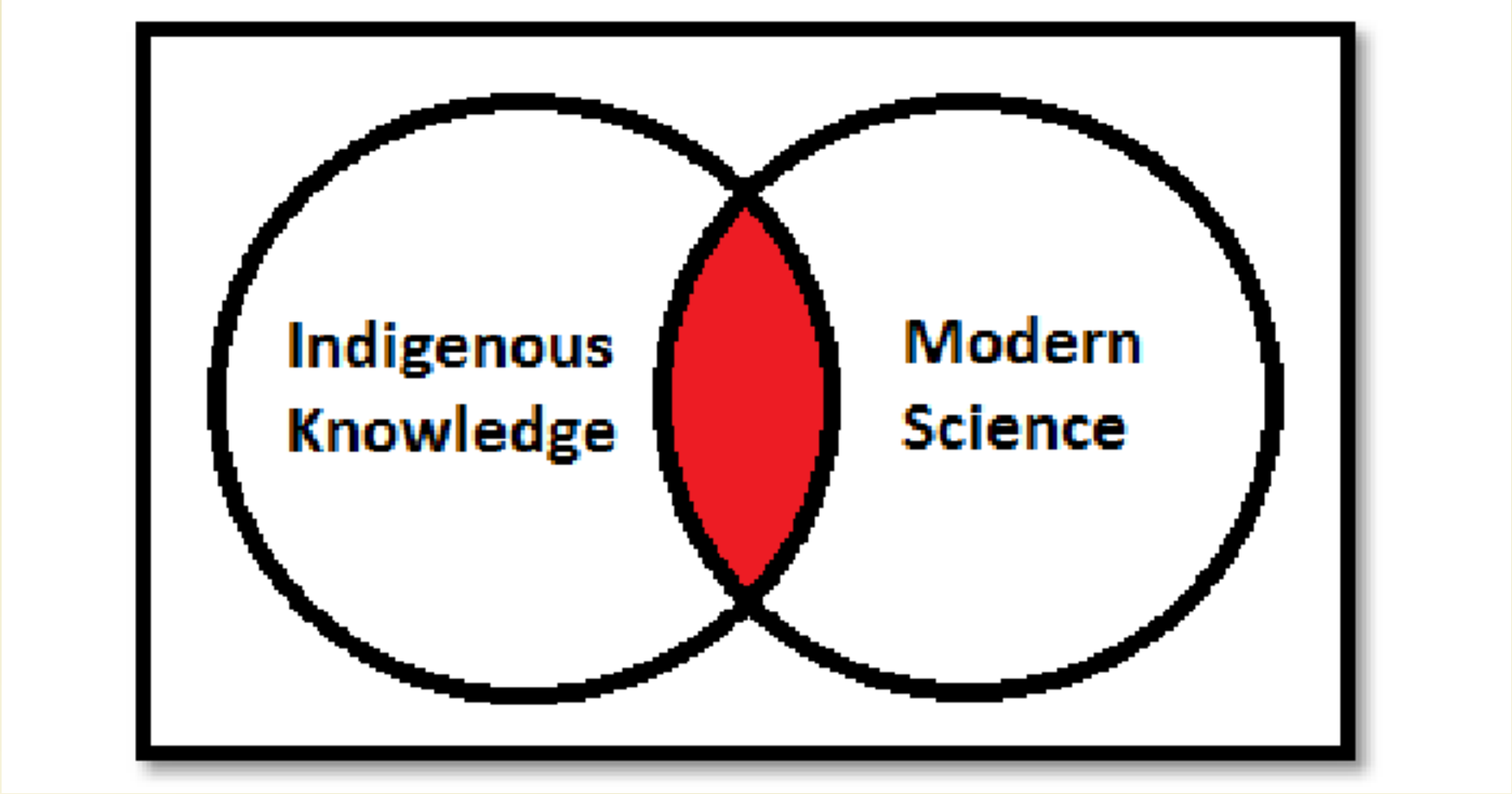
- Indigenous STEM

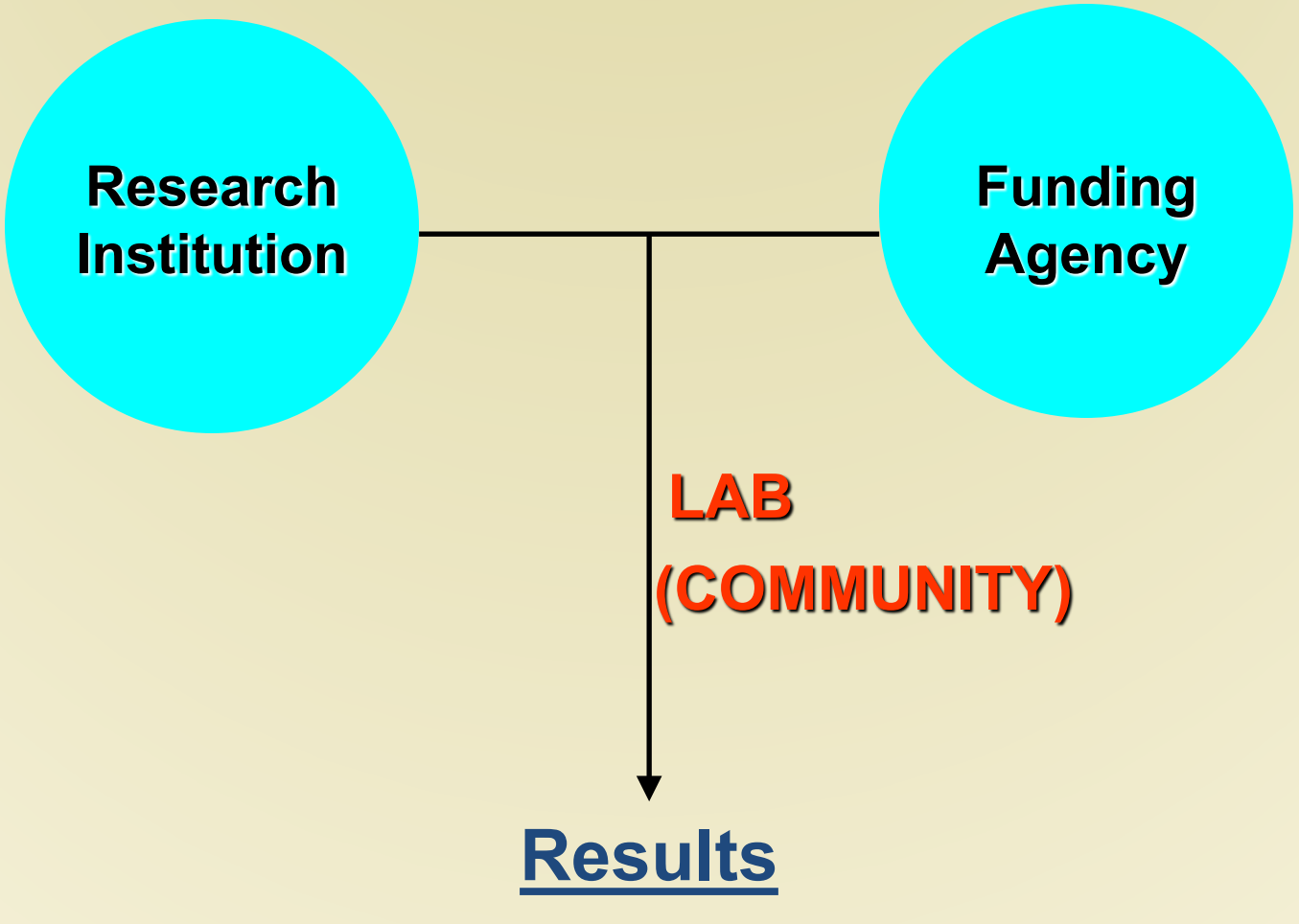
Respect for Indigenous Knowledge

- Indigenous STEM

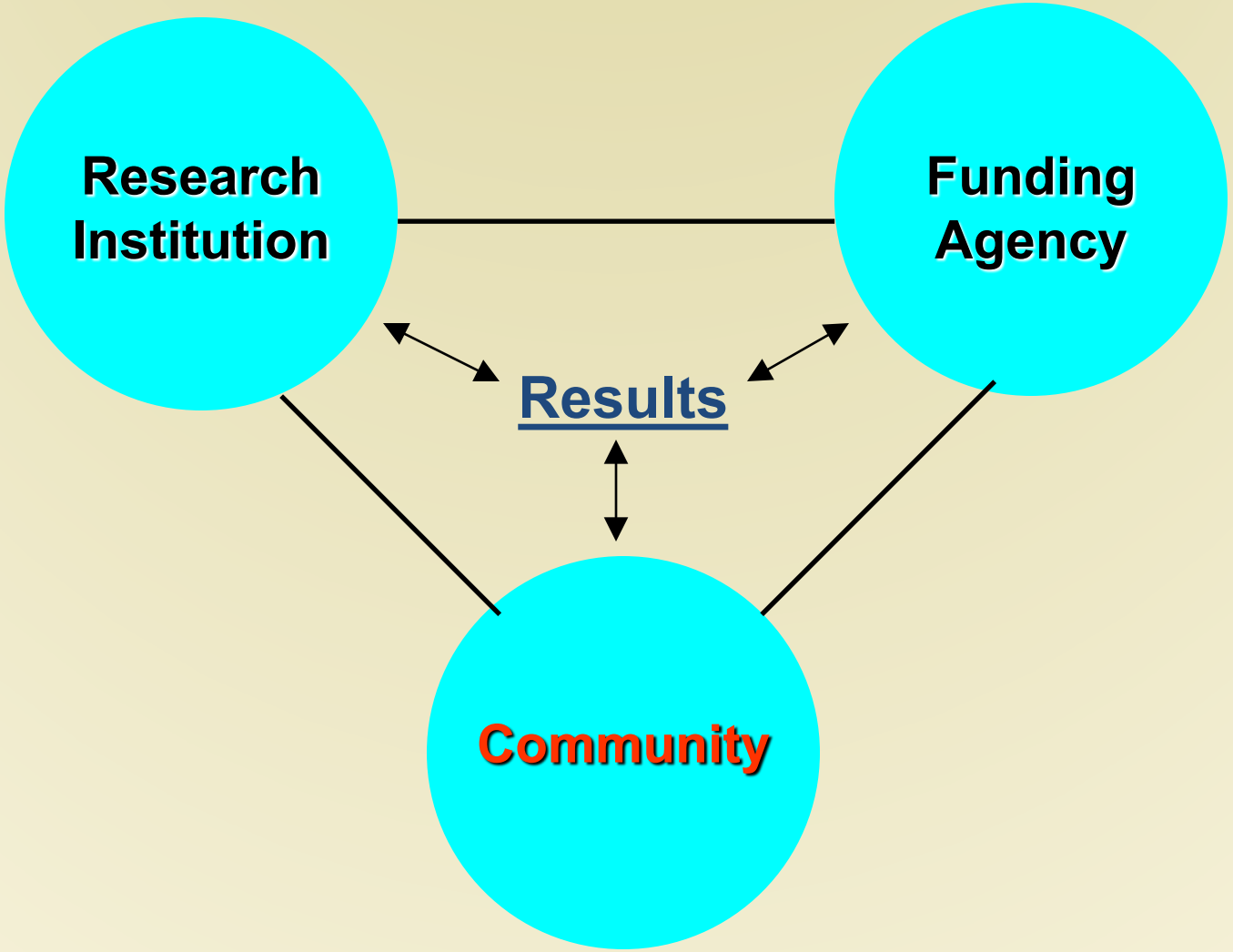
Research in Balance



HISTORICAL RESEARCH PARADIGM

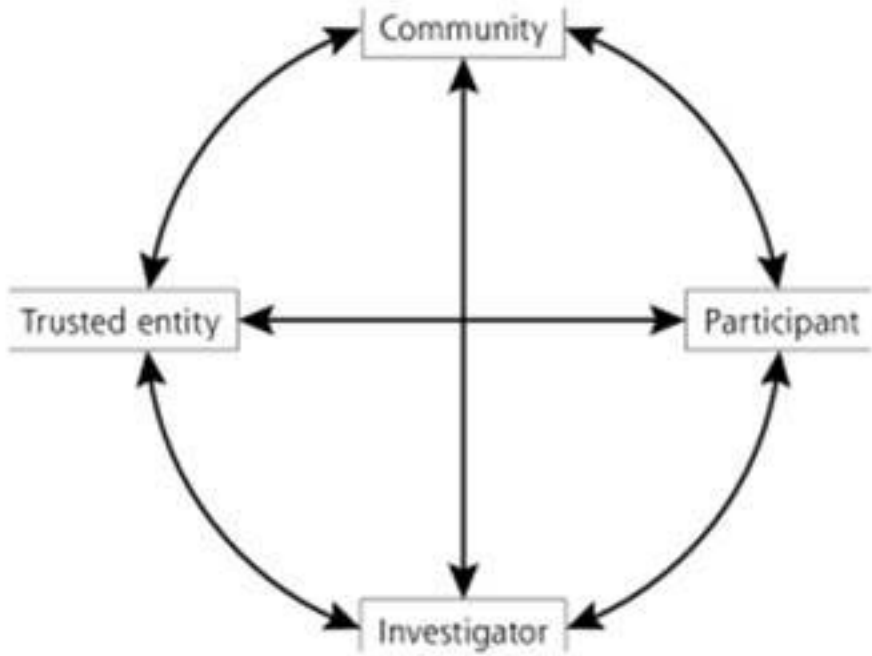


COMMUNITY PARTICIPATORY RESEARCH PARADIGM



Circle of Trust

CENTER FOR INDIGENOUS HEALTH

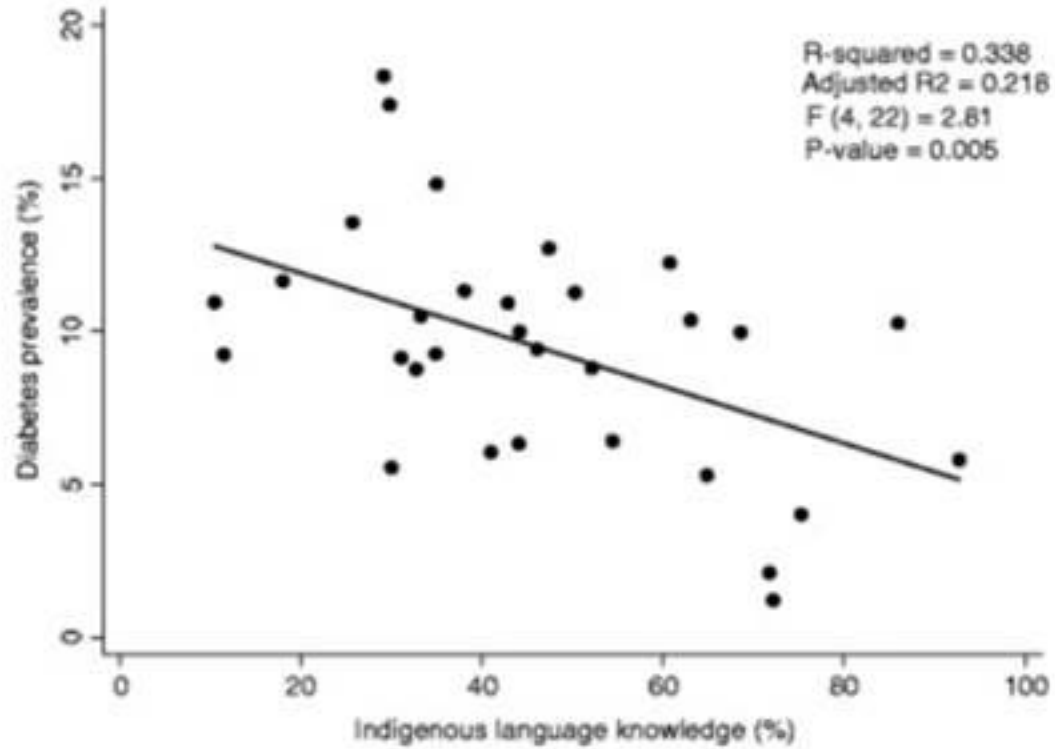


Mainous A, Kelliher A, Warne D. Recruiting Indigenous Patients Into Clinical Trials: A Circle of Trust. Ann Fam Med. 2023 Jan-Feb;21(1):54-56. doi: 10.1370/afm.2901. PMID: 36690478; PMCID: PMC9870649.

Culture Protects

CENTER FOR INDIGENOUS HEALTH

Figure 2



Crude diabetes prevalence by Aboriginal language knowledge for the year 2005. P-value reflects multiple linear regression test result (adjusted for socio-economic factors).

- Oster, Richard T., Angela Grier, Rick Lightning, Maria J. Mayan, and Ellen L. Toth. "Cultural Continuity, Traditional Indigenous Language, and Diabetes in Alberta First Nations: A Mixed Methods Study." *International Journal for Equity in Health* 13, no. 1 (October 19, 2014): 92. https://doi.org/10.1186/s12939-014-0092-4.

Strengths, Sovereignty & Indigenous Identity

- Community-Driven Research Priorities
- Language, Culture, and Ceremony
- Indigenous Research Workforce
- Indigenous School of Healing Arts & Sciences

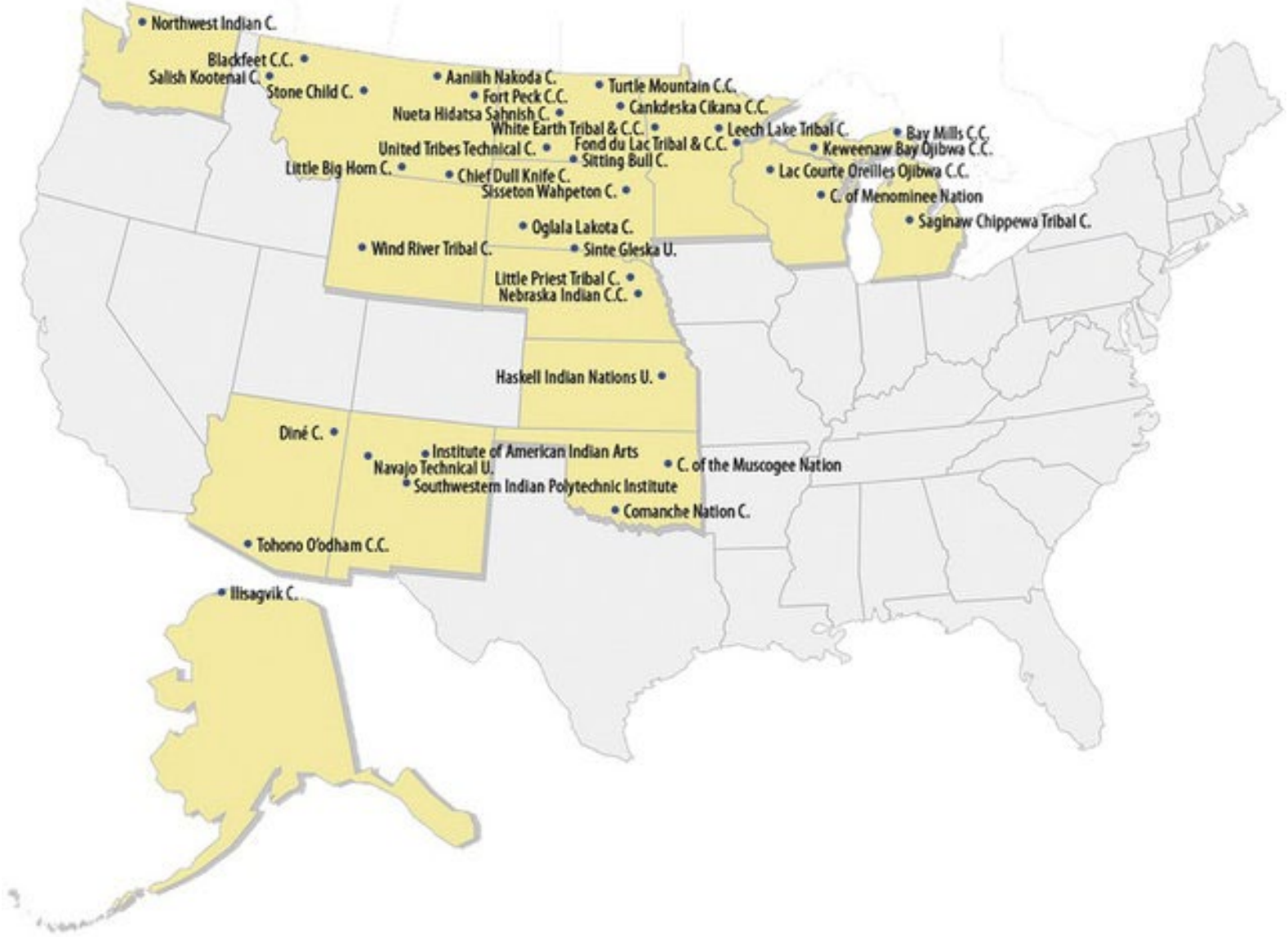
HBCU
Library Alliance

Where are 105 HBCUs?

HBCU Library Alliance

Where are the HBCU Medical Schools?

Where are the TCUs?



Where are the TCU Medical Schools?

Dream Big…

ISHA INDIGENOUS SCHOOL OF HEALING ARTS

Indigenous School of Healing Arts & Sciences

Multiple health sciences are in need:

- Medicine—UME, GME, Fellowships…
- Naturopathic Medicine
- Nursing
- PT/OT/ST
- Public Health
- Allied Sciences
- All health professions…

NANAINA

- **Department of Traditional Medicine**

Indigenous School of Healing Arts & Sciences

Decolonize and Indigenize Curricula

- Competency-based rather than time-bound
- Respect for traditional values and family systems
- Community-driven and informed curricula
- Land-based healing principles
- Promote Wellness—not just treat disease
- Do NOT traumatize health professions students
- Integrate traditional medicine & modern science across curricula
- Department of Traditional Medicine
- Indigenous research methodologies
- NEED Indigenous faculty and leadership
- Indigenous Medicine is a clinical science

Indigenous School of Healing Arts & Sciences

Locations?

- Large enough city with access to medical specialties
- No current medical school
- Significant number of Indigenous patients

- Rapid City, SD?
- Flagstaff, AZ?
- Santa Fe, NM?
- Anchorage, AK? (ANSHA)
- International?

DEPARTMENT OF HEALTH & HUMAN SERVICES
INDIAN HEALTH
Rapid City Service Unit
Sioux San Hospital
3200 Canyon Lake Dr.
Rapid City, SD 57702
SIOUX SAN

lth Clinic

Indigenous School of Healing Arts & Sciences

Next Steps

- Strategic Plan and Business Plan
- Governance Structure
  - National
  - Multiple campuses
  - International?
- Support existing programs
- Financial Support

dwarne1@jh.edu

Getting to Yes

Data Sharing Between States and Tribes

Tuesday | September 26

National Indian Health Board

Krystal Schramm

“Miskwa Mishiki Kwe”

Director of American Indian & Alaska Native Engagement

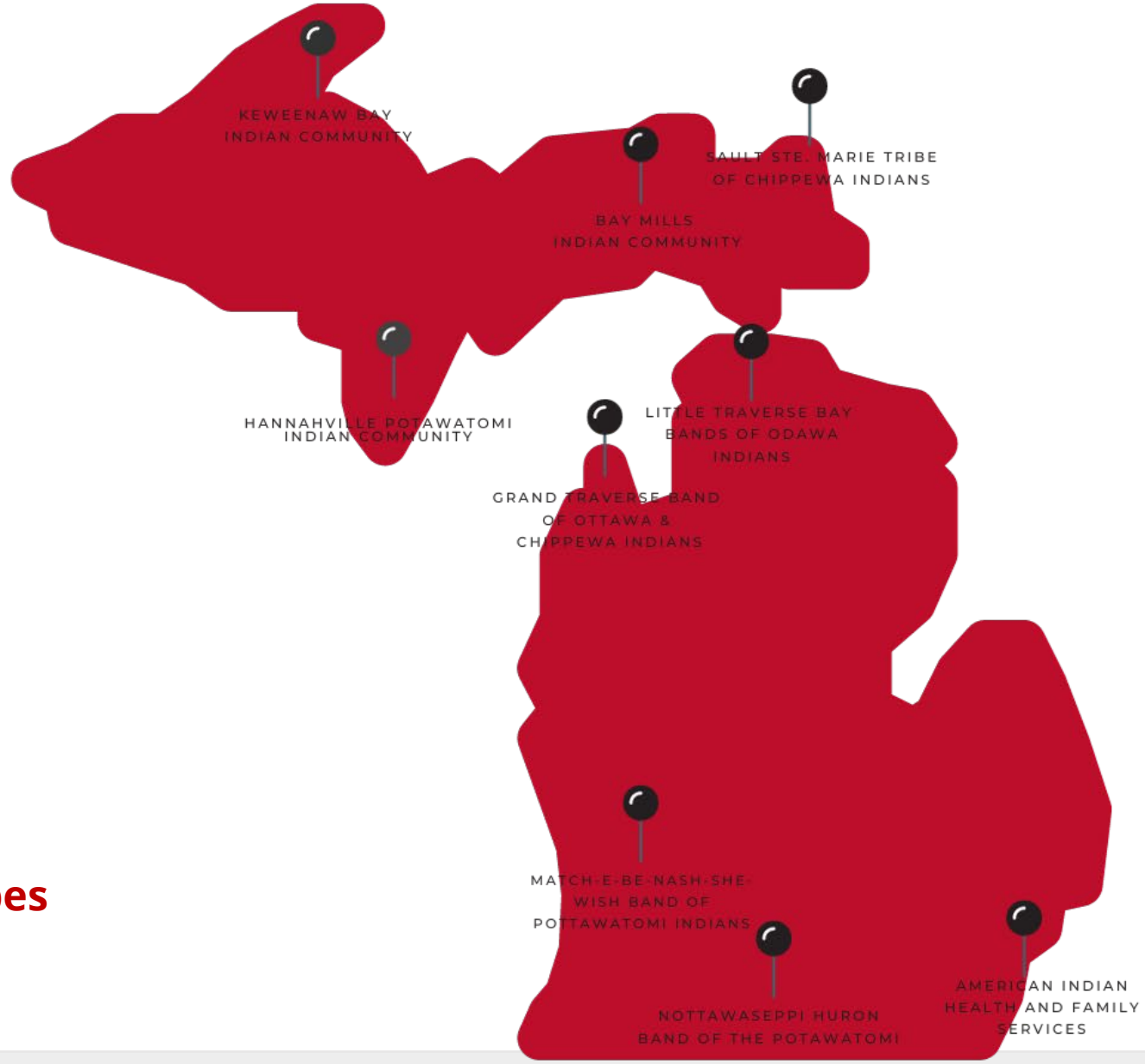
MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

About me:

- Descendant of the Little River Band of Ottawa Indians.
- A Native Sovereign Nation based in Manistee, Michigan, LRBOI is the political successor to nine of the nineteen historic bands of the Grand River Ottawa people.
- My husband Dave and our children belong to the Choctaw Nation of Oklahoma and are descendants of Saginaw Chippewa Indian Tribe.

Michigan

- **Rich Multiethnic Diversity**
  - **Population: 10,077,331**
  - **5.7% Hispanic**
  - **0.7% American Indian**
  - **14.1% Black or African American**
  - **78.8% Non-Hispanic White**
  - **2.9% Native American**
- **Tribal Populations**
  - **12 federally recognized tribes**
  - **MiHIN is connected to 9**



As Michigan's state-designated HIE, we aggregate data from over:

159 HOSPITALS

310+ SKILLED NURSING FACILITIES

5K+ PRACTICES

1.7K+ PHARMACIES

Data sovereignty, privacy & security

The Tribes and Our Data: Who Owns It & How We Keep it Safe

National Indian Health Board

HIEs, health equity and public health

How HIEs Can Empower Patient Data Access and Boost Health Equity for Tribal Populations

National Indian Health Board

ADTs and Referrals in Michigan

The Michigan Health Information Network in Action

National Indian Health Board

THANK YOU

LET'S CONNECT

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@MiHIN

linkedin.com/company/mihin

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COLLABORATING WITH STATE PARTNERS TO PROMOTE TRIBAL HEALTH DATA EQUITY

Pharah D. Morgan, MS, MPH
Lead Epidemiologist

NIHB TRIBAL HEALTH EQUITY DATA SYMPOSIUM (WASHINGTON, DC—SEPTEMBER 25-26, 2023)

BACKGROUND

- Health and American Indian/Alaska Native (AI/AN) populations:
  - Negative Health Outcomes
  - Life expectancy[1]: **5.5 years less** (73.0 years vs. 78.5 years, respectively)
  - Provisional AI/AN life expectancy[2]: 67.1 years (2020) → **65.2 years** (2021)

Health Equity[3]:

"the attainment of the **highest level of health for all people**…requires **valuing everyone equally** with focused and **ongoing societal efforts** to **address avoidable inequalities**, historical and contemporary injustices, and the **elimination** of **health and health care disparities**."

TRIBAL EPIDEMIOLOGY CENTERS

- Established via Indian Health Care Improvement Act (IHCIA) – to elevate the health status of Tribal and urban Indian communities
- Four TECs were started in 1996, now 12 TECs nationwide
- TECs function independently, but also as part of a national group
- Core Funding: Cooperative Agreement with Indian Health Service Division of Epidemiology and Disease Prevention

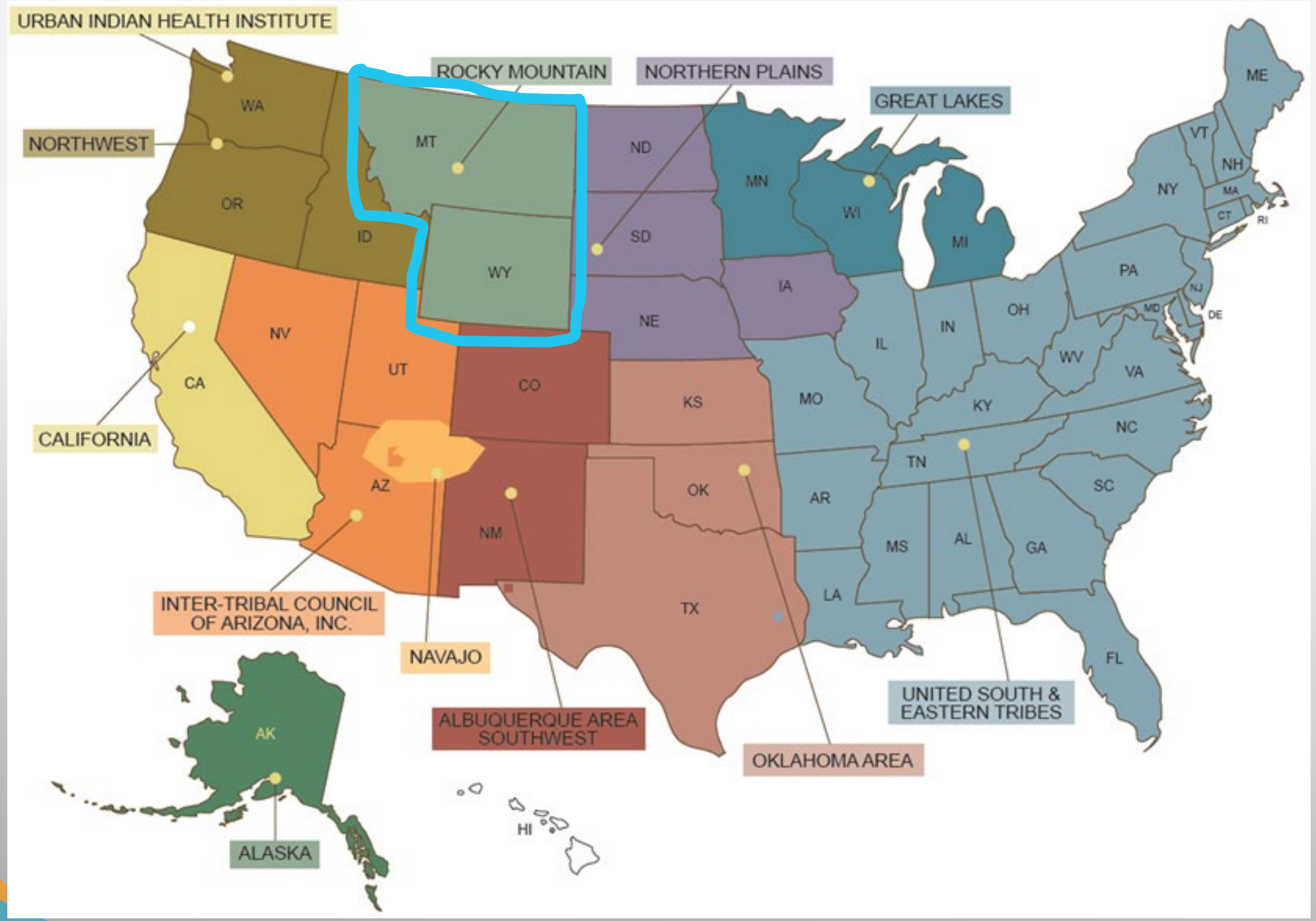
https://tribalepicenters.org/

TRIBAL PUBLIC HEALTH AUTHORITIES

- 2010 Affordable Care Act **permanently reauthorized** the IHCIA - https://www.cdc.gov/phlp/docs/tec-issuebrief.pdf
- TECs given **"Public Health Authority"** status
- Health and Human Services (HHS) **directed to give TECs access** to HHS data systems and protected health information
- Centers for Disease Control and Prevention must provide TECs technical assistance
- Each IHS Area must have TEC access

TEC SEVEN ESSENTIAL FUNCTIONS

1. **Collect Data** (data agreements, publicly available sources)
2. **Evaluate Data and Programs** (data analysis, assessments, evaluation, indigenous evaluation methods)
3. **Identify Health Priorities** with Tribes
4. **Make Recommendations** for Health Service Needs (using public health methods)
5. **Make Recommendations** for Improving Health Care Delivery Systems
6. Provide **Epidemiologic Technical Assistance** to Tribes and Tribal organizations
7. Provide **Disease Surveillance** to Tribes


URBAN INDIAN HEALTH INSTITUTE
ROCKY MOUNTAIN
NORTHERN PLAINS
GREAT LAKES
NORTHWEST
CALIFORNIA
INTER-TRIBAL COUNCIL OF ARIZONA, INC.
NAVAJO
ALBUQUERQUE AREA SOUTHWEST
OKLAHOMA AREA
UNITED SOUTH & EASTERN TRIBES
ALASKA
WA
OR
CA
ID
NV
MT
WY
UT
AZ
CO
NM
ND
SD
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MN
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VA
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NY
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DE
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MA
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NH
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AK
HI

ROCKY MOUNTAIN TRIBAL EPI CENTER (RMTEC)

Mission

To empower the American Indians of Montana and Wyoming in the development of services, systems, and epidemiologic capacities to address their public health concerns.

Vision

Tribal Public Health solutions that honor the Indigenous health knowledge and traditions of the Tribes.

Rocky Mountain Tribal Leaders Council

- Since 2005, RMTEC serves more than 73,000 American Indians in States of Montana and Wyoming.
- Following Billings Area defined Indian Health Service (BAO-IHS) region, RMTEC serves nine Tribes/Service units on seven reservations in Montana and Wyoming.

www.rmtlc.org/tribal-epidemiology-centers

TRIBAL DATA CHALLENGES

Delayed
real-time data

demographics variables

lack of awareness
TEC's Public Health Authority

restricted/limited access to datasets

RMTEC & TRIBAL DATA

Rocky Mountain Tribal Leaders Council Epidemiology Center

DMT

Evaluate

List

Strengthen Partnerships

- **Virtual meetings w/Dept Heads (quarterly, monthly)**
- **Tribal Health Directors**

OUTCOMES: MORE DATA

More data sources	• MT DPHHS: 3 • WY DOH: 4 • Improved data for BH/MH surveillance
Improved data collection	• recommendations for State's for increased tribal participation • tribal affiliation
Data Partners	• Tribal Health Directors engagement
Priorities	• Identified other data priorities • Collaborate with reporting (removing redundant reporting) • New reports

TRIBAL HEALTH DATA EQUITY

- American Indians/Alaska Natives have long experienced health inequity.

~~health inequity~~ → **health equity**

- Better data to address Tribal Social Determinants of Health.

- Acknowledging the challenges to data. These are drivers of health inequity.

REFERENCES:

1. Indian Health Services, "Disparities Factsheet" (October 2019) Obtained August 8, 2023. https://www.ihs.gov/newsroom/factsheets/disparities/
2. Arias, E. et al (2022). "Provisional Life Expectancy Estimates for 2021". U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, National Vital Statistics System. Obtained: August 8, 2023. https://www.cdc.gov/nchs/data/vsrr/vsrr023.pdf
3. Healthy People 2030, Health Equity in Healthy People 2030. https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030 Obtained: September 19, 2023

THANK YOU

Rocky Mountain Tribal Leaders Council,
Tribal Epidemiology Center

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Special thank you to Dyani Bingham for her contributions.

Medicaid Data Sharing with Tribes

Medicaid Unwinding

September 26, 2023

Jessica Imotichey

the Chickasaw Nation

Tribal Health Program Involvement

- CMS SHO #22-001 says that states are "strongly encouraged to engage with other key stakeholders (e.g., providers, beneficiary advocacy groups) and with the Indian Health Service, Tribes and Tribal organizations, and urban Indian organizations (ITUs) located in your state **on an ongoing basis**."
- Furthermore, CMS SHO #23-002 says that states are strongly encouraged to "engage with the Indian Health Service (IHS), Tribes and Tribal organizations, and urban Indian organizations (collectively, ITU) to help with updated contact information for Tribal Medicaid beneficiaries, including sharing enrollment and renewal data with ITUs."

Potential Impacts of Unwinding

- According to the most recent data collected by the Kaiser Family Foundation (KFF), an independent organization monitoring Medicaid unwinding, at least **1.3 million** have already lost their coverage.
- Estimates from KFF say that up to 24 million people could lose their Medicaid coverage in the coming year.
- Furthermore, in some States, such as Idaho and Kansas, officials are disenrolling more than 70 percent of individuals who are up for renewal.

Sources: “Medicaid Enrollment and Unwinding Tracker,” Kaiser Family Foundation, June 20, 2023.

“10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision,” Kaiser Family Foundation, June 9, 2023.

Potential Impacts of Unwinding

- In June, KFF found that 71 percent of disenrollments have been procedural. This means that individuals lost their coverage because they did not properly complete the renewal process, not because they have been deemed ineligible for Medicaid.
- This can happen for a variety of reasons, such as when the State does not have updated contact information, when an individual makes an error on their renewal form, or when the renewal is not completed during the specified timeframe, among other reasons.
- A KFF review of state policy in January found that many States—including Arizona, Connecticut, Louisiana, Maine, Minnesota, New Mexico, Oklahoma, and Oregon—did not require multiple contacts before termination of coverage. This makes procedural disenrollments where the individual is otherwise eligible for Medicaid more likely.

Sources: "Medicaid Enrollment and Unwinding Tracker," Kaiser Family Foundation, June 20, 2023.

"State Policy Choices Are Likely to Affect the Extent of Medicaid Enrollment Declines During the Unwinding Period," Kaiser Family Foundation, May 9, 2023.

Updating Contact Information

- As the renewal process is ongoing, it is important to ensure that all Medicaid enrollees have contact information up to date in the state Medicaid database.
- Per CMS, states are authorized to grant tribes access to their Medicaid eligibility portals. States may also share their contacts and address information with tribes to help locate individuals subject to enrollment redeterminations.
- Tribes can work with the Medicaid beneficiaries they serve to make sure they respond to any inquiries from the state.

TTAG Unwinding Workgroup
Medicaid Data Sharing with ITUs

Initially only two States shared data

- Arizona
- Oklahoma

New States sharing data

- Colorado
- Idaho
- Montana
- Nevada
- Oregon
- Minnesota

OHCA Unwinding Fast Facts

COVID-19 Public Health Emergency Monthly Unwinding Fast Facts July 2023

OKLAHOMA Health Care Authority

In March 2020, the Centers for Medicare & Medicaid Services temporarily waived certain Medicaid requirements and conditions allowing people to continue their health coverage during the public health emergency. Now states are required to resume eligibility reviews and disenroll those members no longer eligible. OHCA estimates it will be required to disenroll approximately 270,000 ineligible members over a 9-month process starting April 30, 2023.

PHE Members Disenrolled	48,910	
Procedural Denial Disenrolled	28,958	59.2%
PHE Disenrollment Appeals	22	0.04%

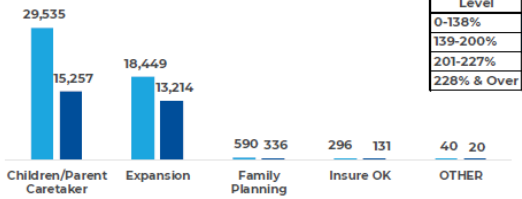
	Female	Male
PHE Members Disenrolled	27,153	21,757
Procedural Denial Disenrolled	15,842	13,116

A procedural denial is a denial that occurs when there is no confirmation of ineligibility. They include but are not limited to failing to turn in requested documentation or not completing the renewal process.

The Procedural Denial count is a subset of the total monthly PHE Members Disenrolled count.

Beginning in June, OHCA was able to implement a strategy to delay procedural denial disenrollments for 30 days to allow for additional targeted outreach to that cohort.

Qualifying Group



Federal Poverty Level	PHE Members Disenrolled		Proc Denial Disenrolled	
	Child <19	Adult 19+	Child <19	Adult 19+
0-138%	2,469	4,487	1,007	2,367
139-200%	1,297	8,010	392	5,142
201-227%	2,827	3,379	1,546	2,256
228% & Over	15,157	11,284	8,564	7,684

2,367 children under 201% FPL and 2,120 adults under 139% FPL were disenrolled for non-procedural reasons.

OHCA is conducting additional outreach to families identified in the blue shade on this chart to remind them to renew or re-enroll due to children who may still be eligible. Oklahoma has real-time application processing through MySoonerCare.org and eligible members can resume benefits the same day.

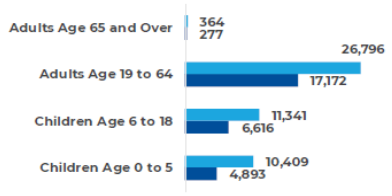
OTHER includes Aged/Blind/Disabled and Dual Enrollees (Medicare/Medicaid).

Third Party Liability (Major Medical)		
PHE Members Disenrolled	17,192	35.2%
Procedural Denial Disenrolled	11,166	38.6%

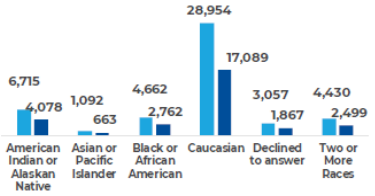
Member also has insurance coverage through another insurer.

Ethnicity	PHE Members Disenrolled	Proc Denial Disenrolled
Hispanic	7,441	3,976
Non-Hispanic	41,469	24,982

Age Group



Race



Race is self-reported by members at the time of enrollment. The multiple race members have selected two or more races. Hispanic or Latino is an ethnicity not a race. Hispanics and Latinos can be of any race. The data is valid as of the report date and is subject to change.

8/30/2023

Reasons for Loss of Coverage

- Child Support – Non-cooperation with OCSS
- Excess earnings
- Failed or refused to provide verification documents
- Failed to provide citizenship verification
- Application data was incomplete
- Unable to determine household members
- Member needs to apply at OKDHS – Relates to Aged Blind Disabled
- Member reporting both employment and unemployment
- Not categorically related
- Pregnancy verification expiration
- Social Security number not met
- End of eligibility time (renewal)

Data File Categories

- Case Number
- Client ID
- First Name
- Last Name
- County
- Category
- Age
- Race
- Gender
- Claims within last 2 years
- CDIB Indicator
- Provider ID & Service Location
- Provider Name
- Reason for loss of coverage
- Unwinding Date

Transition to ACA Marketplace Plans

- Even with good communication, many AI/AN Medicaid enrollees may lose access to coverage because they no longer meet income requirements
- These individuals may have continued access to coverage by enrolling in an ACA Marketplace Plan
- AI/ANs have access to zero and limited cost sharing plans on the exchanges
- States should provide AI/AN Medicaid enrollees who are no longer eligible for Medicaid coverage information about the AI/AN zero and limited cost sharing plans on the exchanges

Requesting Consultation with CMS

- Tribes can ask for government-to-government consultation with CMS to cover
  - Concerns about eligibility redeterminations and information sharing
  - Concerns about reaching beneficiaries up for renewal
  - Concerns about coverage losses

CMS Resources on Unwinding

- General Information: AIAN-Unwinding | CMS
- Timeline by State: ant-2023-time-init-unwin-reltd-ren-02242023.pdf (medicaid.gov)
- Medicaid Unwinding Toolkit: Medicaid and CHIP Renewals Outreach and Educational Resources | Medicaid

  *NIHB & NCUIH AIAN Toolkits

CMS TTAG Unwinding Workgroup

- Established in March 2022
- Co-Chairs
  - Yvonne Myers, Tribal Chair
    - YMyers@potawatomi.org
  - Beverly Lofton, CMS Chair
    Beverly.Lofton@cms.hhs.gov

TTAG Unwinding Workgroup

Meets monthly on 4th Tuesday
2:00pm EST

Email Yvonne Meyers if you would like to be added to the workgroup.

the Chickasaw Nation

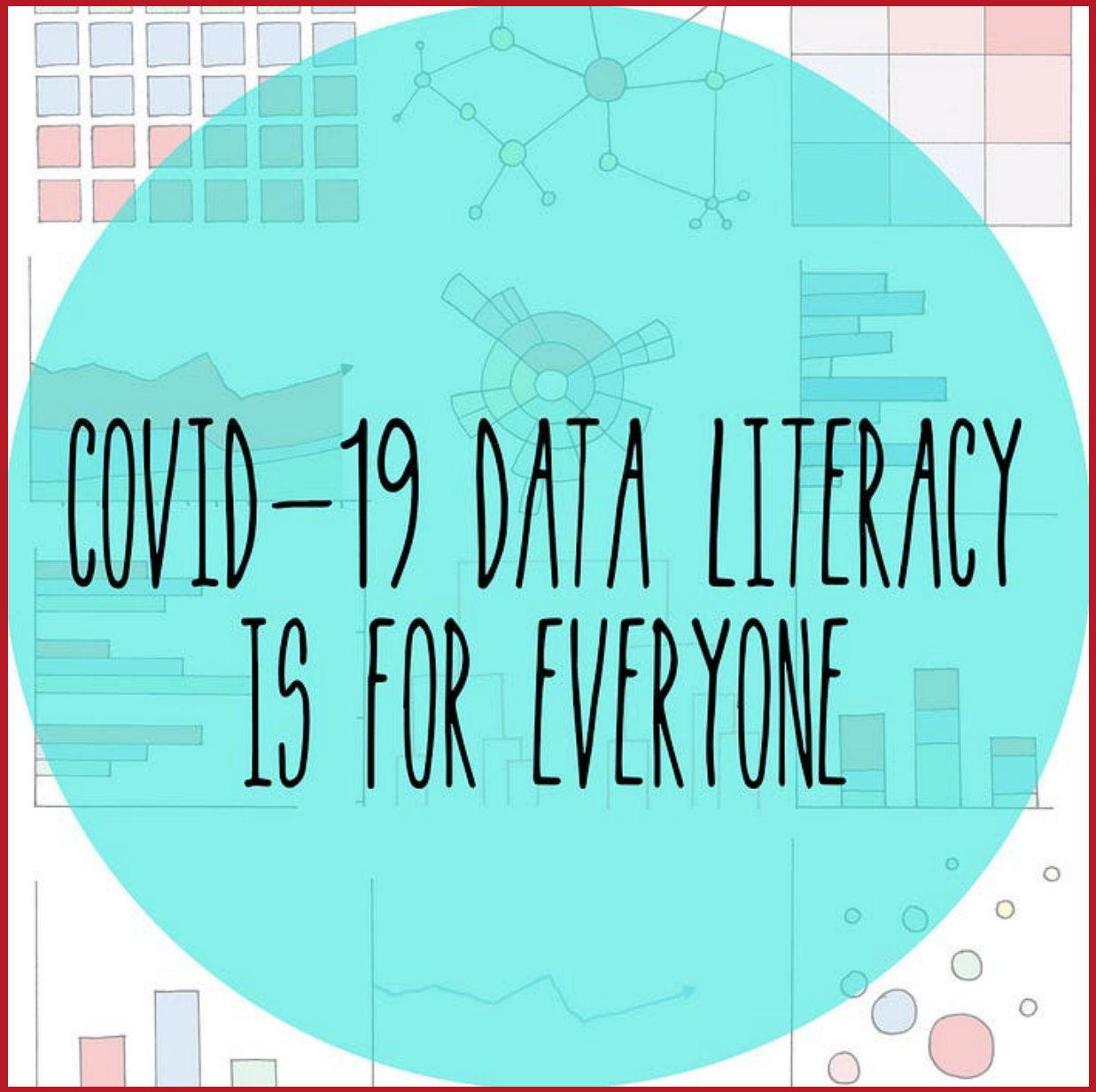
LEARNING FROM COVID: COMMUNICATING DATA TO THE PUBLIC WITH VISUALIZATIONS AND SOCIAL MEDIA

National Indian Health Board

Darby Galligher, MPH
National Indian Health Board
Miami Tribe of Oklahoma
Communications Coordinator

Jeannie Le, MPH
National Indian Health Board
Data Visualization Analyst

LEARNING FROM COVID: DATA VISUALIZATION PRACTICES



A webcomic by Anna Feigenbaum and Aria Alamalhodaei, co-authors of the Data Storytelling Workbook. Illustrated by Alexandra Alberda.

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1. DENOMINATORS MATTER
2. PROVIDE CONTEXT
3. STANDARDIZE AXES
4. CAREFULLY CONSIDER COLORS, SHAPES, AND SYMBOLS
5. BE TRANSPARENT ABOUT UNCERTAINTY

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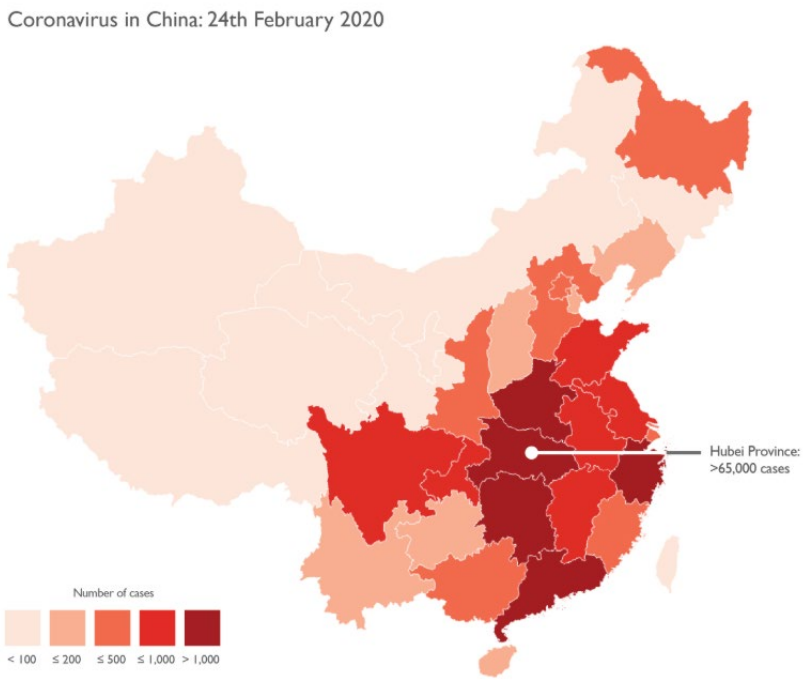
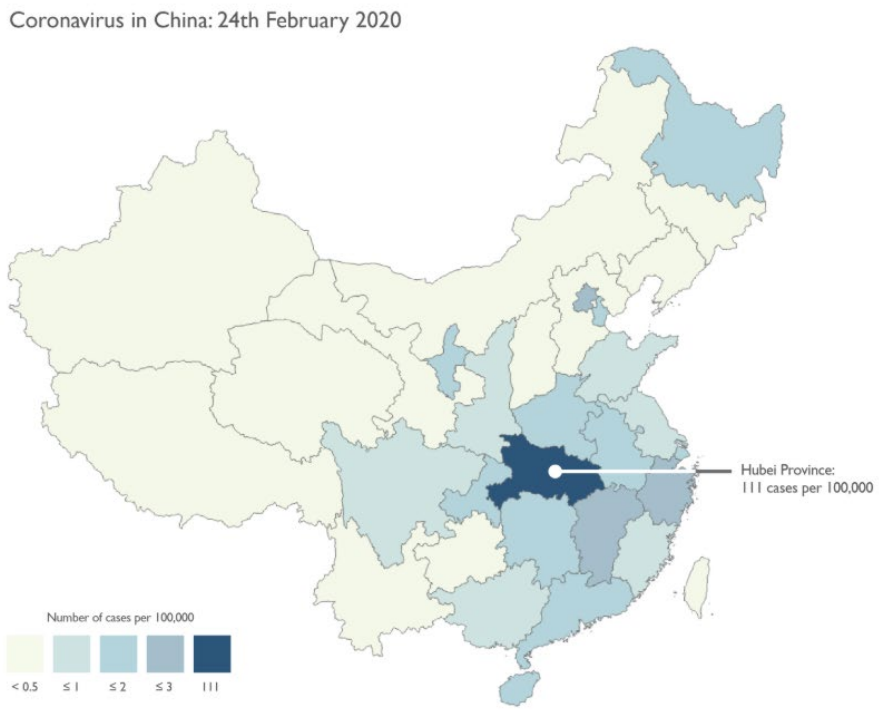
DENOMINATORS MATTER





Left: a map of Chinese provinces shaded according to case totals. Right: a redesigned version using cases per 100,000. (Kenneth Field, Esri).

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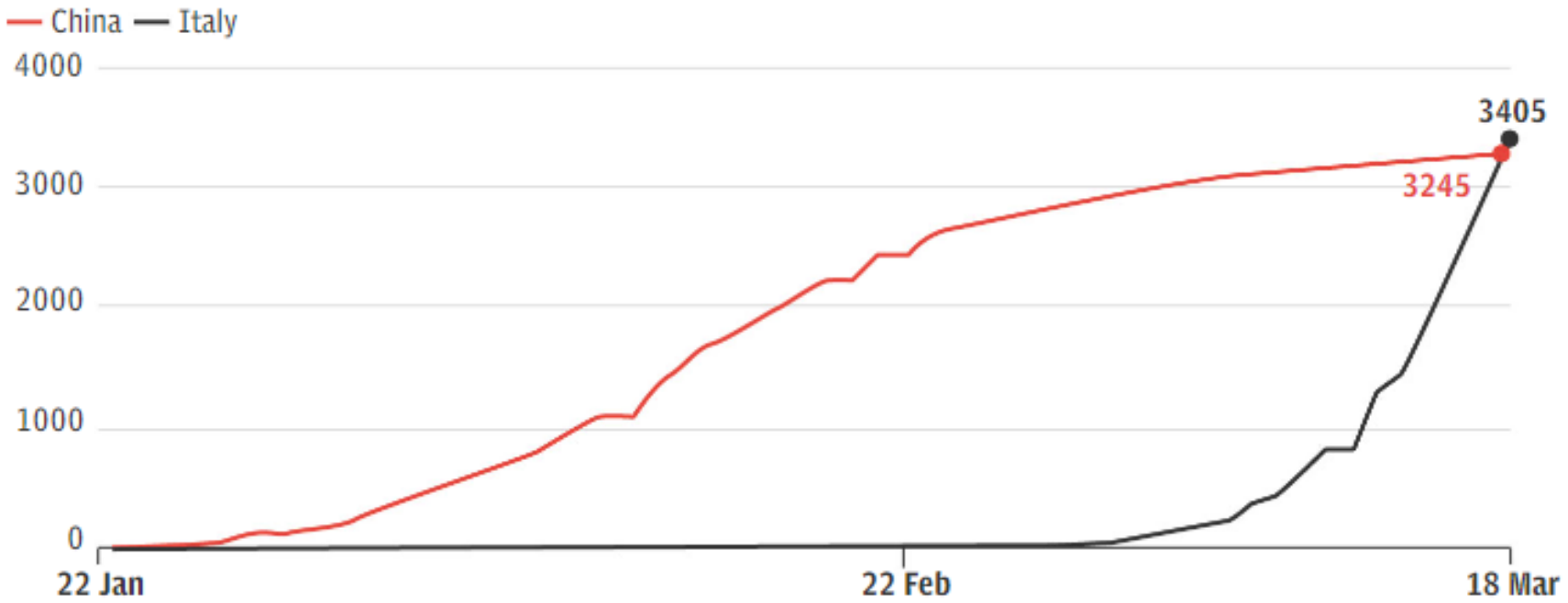
PROVIDE CONTEXT



A line graph showing COVID deaths surpassing those in China, published in an article in the Telegraph.

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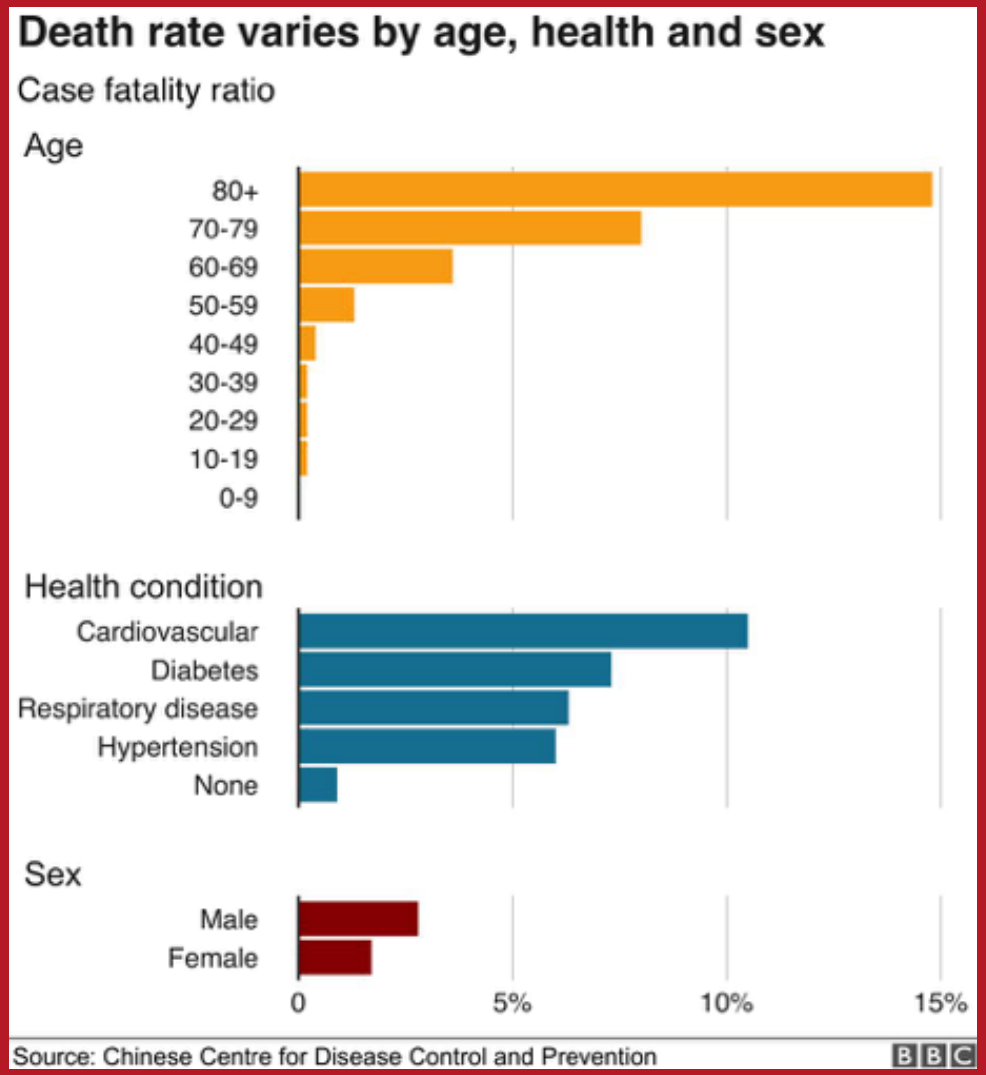
STANDARDIZE AXES



A visualization from the BBC showing death rates due to COVID by age, health condition, and gender.

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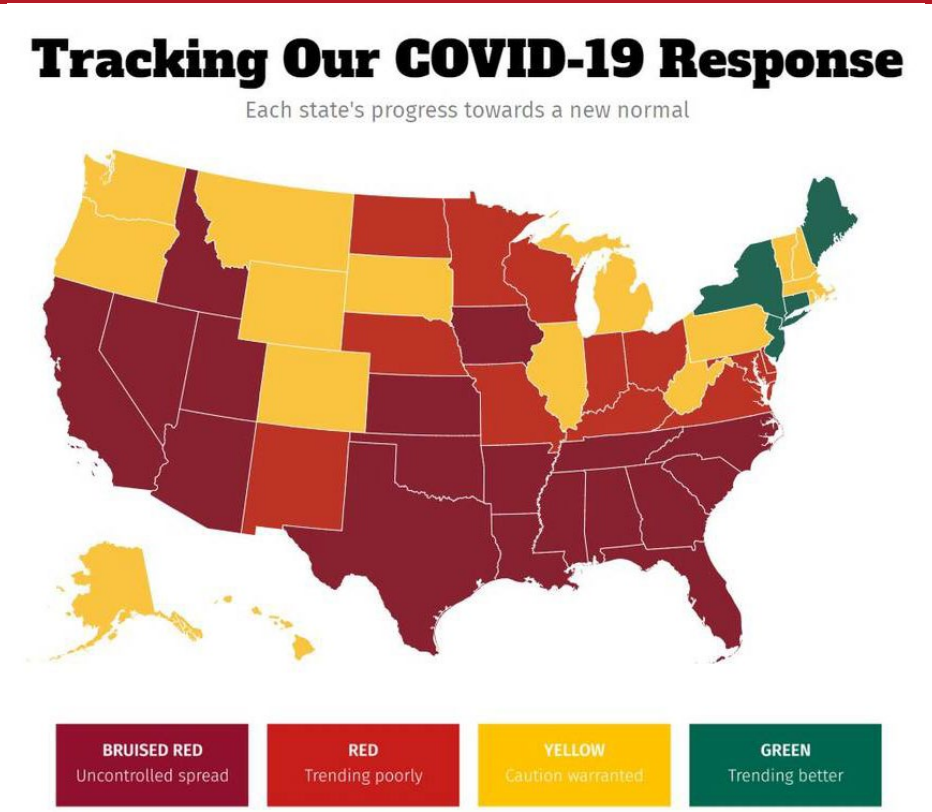
CAREFULLY CONSIDER COLORS, SHAPES, AND SYMBOLS



A map tracking state's COVID-19 response shows that Kansas has "uncontrolled spread" of the disease while Missouri is "trending poorly." covidexitstrategy.org

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BE TRANSPARENT ABOUT UNCERTAINTY

"If your counterargument is 'we don't have that data' then maybe you shouldn't publish anything until you can provide the full perspective?"

(Andy Kirk, Data Visualization Trainer)

"COVID-19 is not a death sentence, and our visualizations need to reflect that. Including 'recovered cases' is an essential piece of context in visualizing case numbers."

(Amanda Makulec, Senior Data Visualization Lead, Excella)

"Data visualization carries the aura of objectivity and authority. If designers wield that authority irresponsibly – for example, by depicting case counts with clean, certain-looking lines when we know that there is deep uncertainty in how case counts in different places were collected – it may deplete public trust, lead to rejecting public health guidance like social distancing, or even incite panic."

(Catherine D'Ignazio, Director, MIT Data + Feminism Lab)

COMMUNICATING DATA: PRACTICAL LESSONS FROM COVID

DATA VIZ AND SOCIAL MEDIA AREN'T AS DIFFERENT AS YOU MAY THINK

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THERE ARE DEFINITELY SOME DIFFERENCES, THOUGH…

- Avoid scientific jargon and assumptions of high health literacy
- The messenger is just as important as the message
- Lay out risks/potential consequences in the right tone
- When focused on COVID or other transmissible diseases, focus on the spread, risks of contracting the disease, and why people should follow guidelines

HERE'S WHAT WE LEARNED

- Collaboration between leaders and communicators is key
- Pull in citizens and community members
- Communicate early and often
- Be empathetic
- Keep looking forward
- Fill the void
- Use a positive tone
- Validate people's concerns and answer their questions
- Reflect on moments missed
- Help your audience see their effect on others

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HERE'S WHAT WORKED

- Collaboration between leaders and communicators is key
- Pull in citizens and community members
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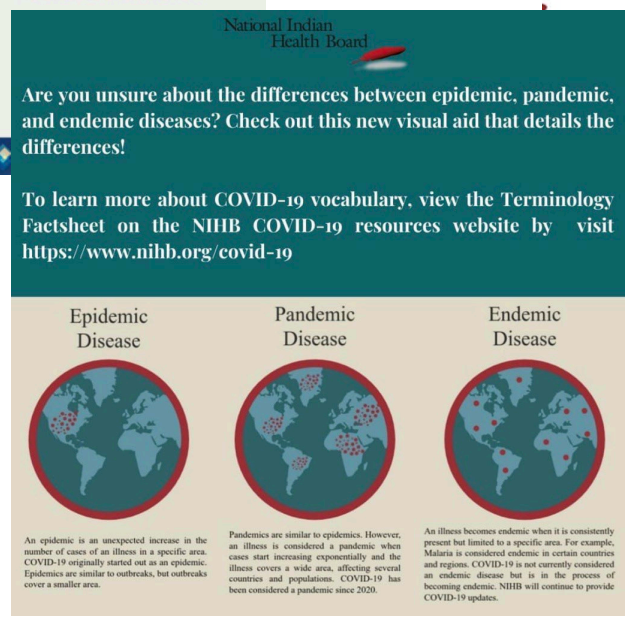
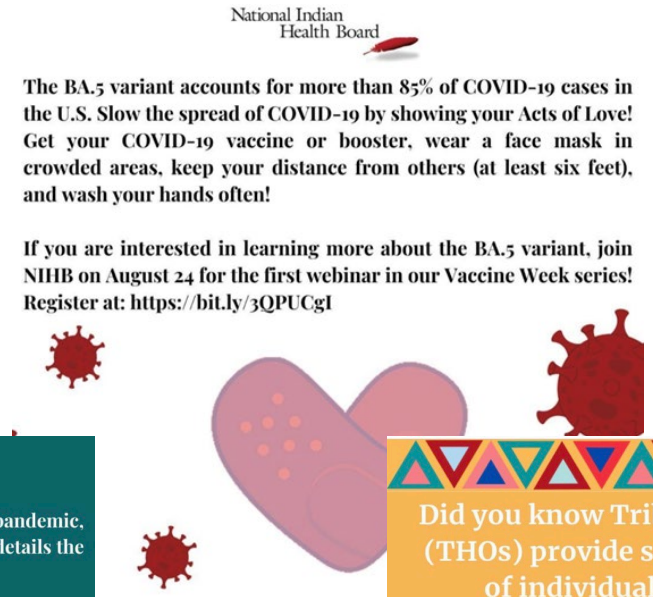
THE RIGHT INGREDIENTS





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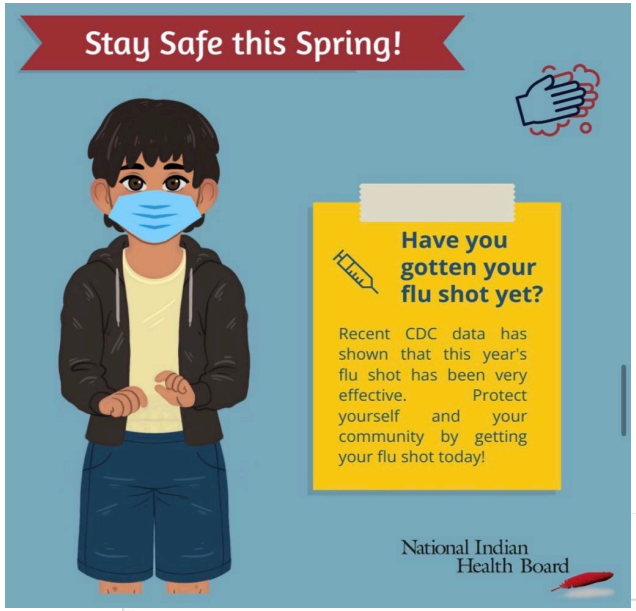
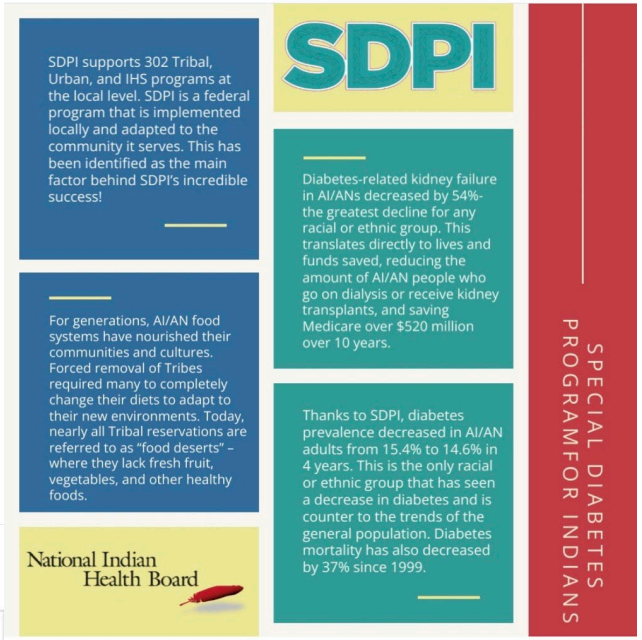
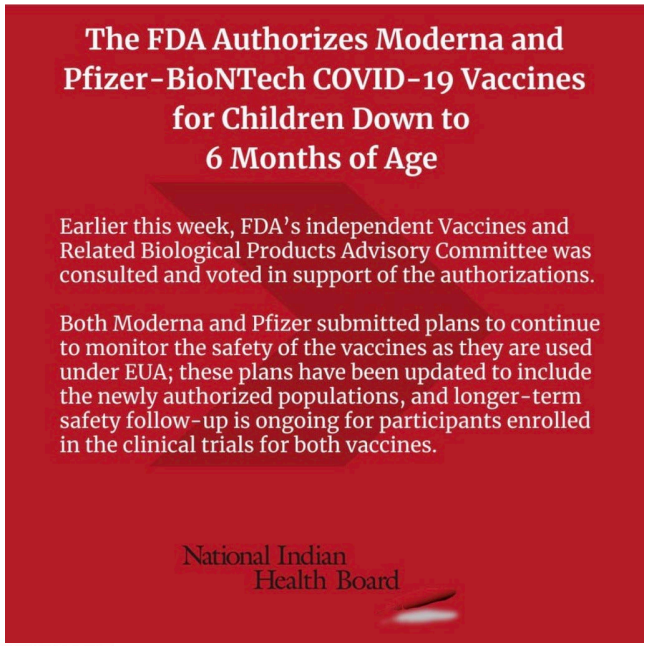
HERE'S WHAT DIDN'T...

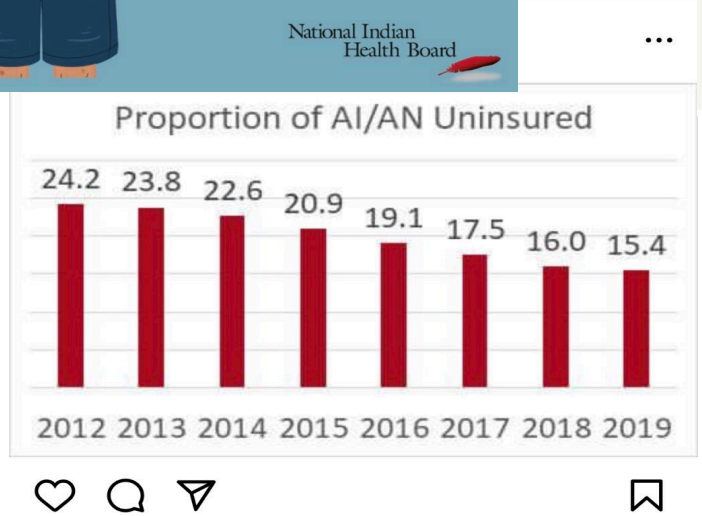
- Collaboration between leaders and communicators is key
- Pull in citizens and community members
- Communicate early and often
- Be empathetic
- Keep looking forward
- Fill the void
- Use a positive tone
- Validate people's concerns and answer their questions
- Reflect on moments missed
- Help your audience see their effect on others

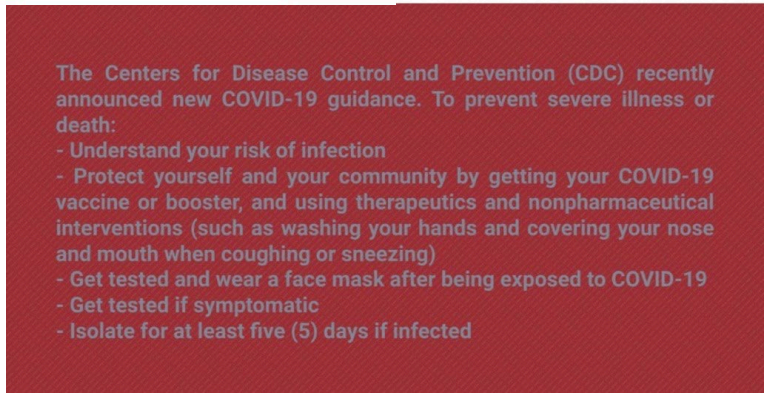
WHAT NOT TO SHARE











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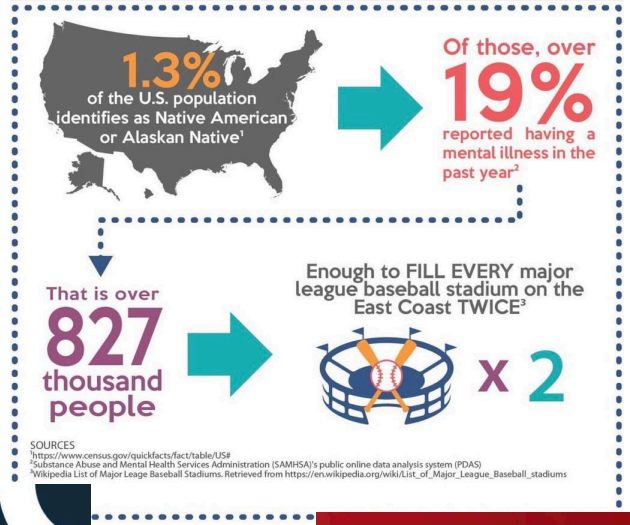
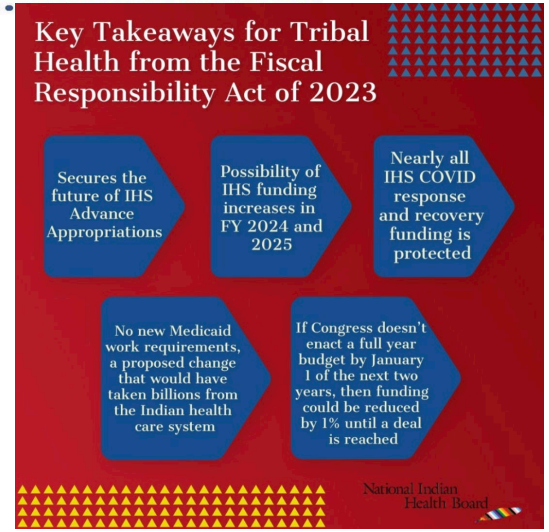
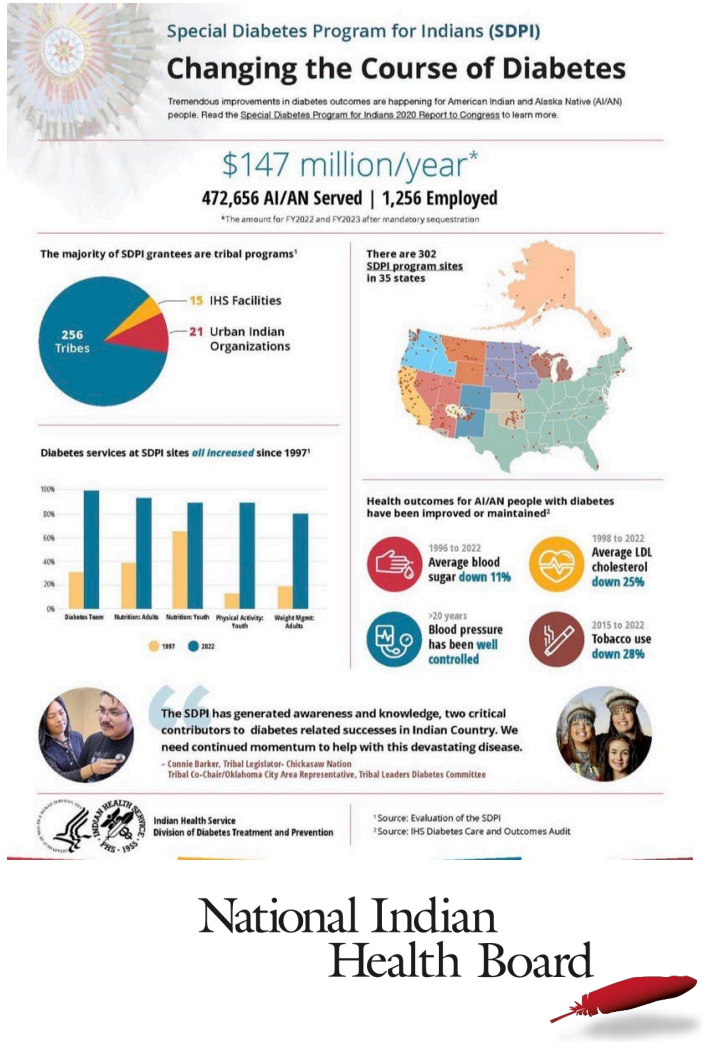
SO, WHAT'S CHANGED?

- Thoughts and feelings about social media
- How we use social media
- Time spent online
- People were HUNGRY
  - For human interaction, for a distraction, etc

THINGS THAT *SHOULD* WORK







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WHAT'S NEXT?

- Our attention spans are toast
- Be authentic
- Have some fun
- Be a little silly

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QUESTIONS?

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Jeannie Le jle@nihb.org

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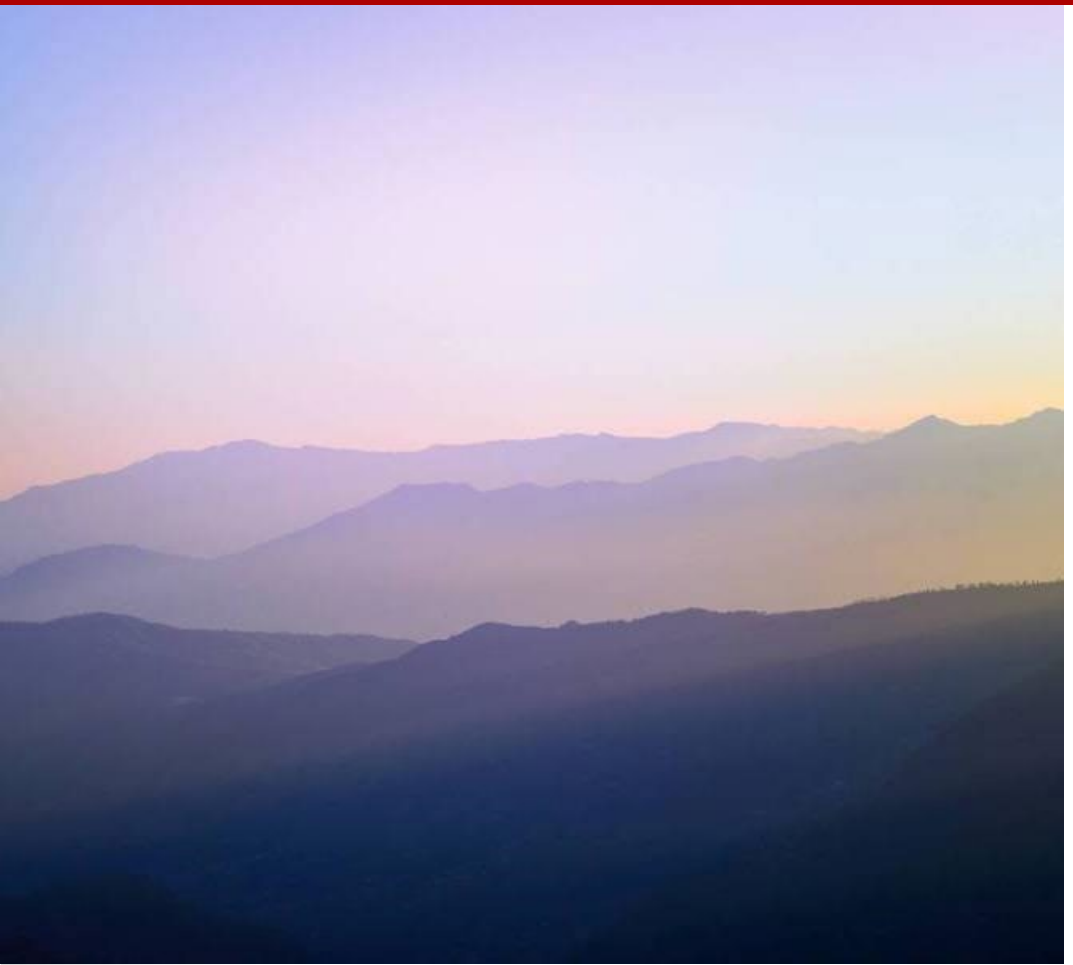
National Indian Health Board Tribal Health Equity Data Symposium

Tribal Environmental Health Summits

Aliza Bolling, Public Health Associate Advisor
Brett Weber, Environmental Health Programs Director

Overview of Tribal Environmental Health Summits



NIHB partnered with the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (TSDR) to host a series of free regional summits on the topic of environmental health in Indian Country.

Each summit featured Tribal leaders, environmental health practitioners, subject matter experts, and federal partners engaging on topics relevant to each region.

The summits connected people from different professional backgrounds and Tribes, communities, federal agencies, Tribal organizations and state and local entities to address various environmental health and environmental justice issues affecting Indian Country.

Overall Summary

- **Overall Summit Registration and Attendance Statistics:**

	#		#
Total Registered (pre)	192	**Total Attended (post)**	216
In-Person	131	In-Person	126
Virtual	61	Virtual	90
Tribal Affiliated		**Tribal Affiliated**	
In-Person	41	In-Person	52
Virtual	3	Virtual	10
Federal		**Federal**	
In-Person	37	In-Person	33
Virtual	40	Virtual	53
State		**State**	
In-Person	38	In-Person	31
Virtual	13	Virtual	14
Local/Non-profit/Community		**Local/Non-profit/Community**	
In-Person	15	In-Person	10
Virtual	5	Virtual	13

Brownfields

Land reuse sites are sites that are slated for redevelopment but may have chemical contamination. Nearly one-half million (450,000) potentially dangerous land reuse sites (sometimes referred to as brownfields) exist across the United States, including tribal lands.

Climate

The increasing magnitude and frequency of extreme weather events continue to threaten the livelihoods and economies of indigenous peoples and native communities leaving them particularly vulnerable to the associated health effects. Building adaptive capacity and resilience to address these impacts are more important today than ever.

- CDC's Climate Ready Tribes Initiative

Water

Access to safe water and adequate sanitation and hygiene facilities are basic needs for health and well-being. Many communities, including American Indian or Alaska Native communities, will continue to lack access to these basic services unless progress increases. These interventions include building capacity to identify hazards through inspection of drinking water
and wastewater systems, responding to and preventing outbreaks, and filling crucial functions during emergencies such as testing water supplies

Mining

Historic and ongoing mining scars the land and negatively affect water quality, air quality, and soil quality throughout the southwest.

In turn, communities adjacent, downstream, or downwind to may be chronically exposed to contaminants and byproducts of mining processes through water, air, and soil/mine waste.

For tribal communities, mining may also directly affect exposure through the consumption of local traditional foods.

In addition, tribal communities may experience mental and emotional health effects from environmental changes caused by mining to sacred lands and artifacts.

Content

Summary of the evaluation for each summit

- What did you like **most** about the event?
  - Information shared, engaging host, variety of sessions, meeting with individuals of IHS, CDC, and partners to gain more information.
- What did you like **least** about the event?
  - Desire to have summits be more interactive
- How satisfied were you with the "**Tribal Discussion" session**?
  - Most were extremely satisfied with the Tribal Discussion, a few outliers were neutral
- How satisfied were you with the **presenters**?
  - Most were extremely satisfied and a couple were somewhat satisfied.

Content

Summary of the evaluation for each summit

- Is there an environmental health topic that you wish had been covered?/ Is there anything else you would like to share with us (ideas, topics, etc.)?

  - Outreach, Coal mining in region 9, Local indigenous knowledge in environmental health, disparities and barriers that exist in native communities/lands, Disease as it relates to climate changes, recycling program implementation, supporting homeless people during dangerous heat, Extreme Weather Events and preparedness in Tribal areas, Environmental Health Protection Topics such as Solid Waste Management. Public Health Emergency Preparedness Topics. Climate change, Environmental health in the context of applied tribal cultural perspective, air pollution.

Next Steps

- Conduct environmental justice analyses and needs assessments.
- Provide technical assistance and support to Tribes and Tribal organizations in identifying, preparing to apply, applying for, and managing federal/state grants and programs.
- Facilitate meaningful engagement with Tribal environmental health programs, Tribal leaders, and other stakeholders and decision-makers.
- Build capacity to strengthen Tribal Epidemiology Centers (TECs) with current projects on environmental health or environmental justice issues.
- Foster community leadership in developing solutions to the issues addressed during Summits.
- Engage Native graduate students in technical assistance opportunities.

Lead Testing

State of ND testing outdoor paint using XRF

Nick (Badlands) collecting soil

NIHB staff with Nick (Badlands) and Jack (IHS)

GIS Help Desk

- Partner with the National Tribal Geographic Information Support Center (NTGISC) to provide broad geospatial (GIS) technical assistance to tribal environmental health professionals.
  - Training materials
  - Online and in-person webinars/training
  - Online self-paced learning modules
  - One-on-one mentorship

ANY
QUESTIONS?

National Indian Health Board

Thank you!

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