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

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Co-Director, Center for Indigenous Health
Provost Fellow, Indigenous Health Policy
Johns Hopkins University

CENTER FOR INDIGENOUS HEALTH
Enrolled Tribal Member

American Indian

Alaska Native
Enrolled Tribal Member American Indian Alaska Native

Indian Health Service “user population”
Enrolled Tribal Member

Native American

American Indian

Alaska Native
Traditional View of Public Health
Pine Ridge Reservation
Kyle, S.D.
Age at Death in North Dakota 2009-2019

Age-Specific Percentage of Reported Death for ND

- American Indian
- White
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

USDA announces a new focus on Indigenous food and agriculture

Dan Gunderson  Moorhead, Minn.  November 16, 2021 12:45 p.m.
Respect for Indigenous Knowledge

- Indigenous STEM
Respect for Indigenous Knowledge

- Indigenous STEM
Respect for Indigenous Knowledge

• Indigenous STEM
Respect for Indigenous Knowledge

- Indigenous STEM
Research in Balance

Indigenous Knowledge

Modern Science

[Diagram showing the intersection of Indigenous Knowledge and Modern Science]
HISTORICAL RESEARCH PARADIGM

Research Institution ➔ Funding Agency

LAB (COMMUNITY) ➔ Results
COMMUNITY PARTICIPATORY RESEARCH PARADIGM
**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).

Strengths, Sovereignty & Indigenous Identity

- Community-Driven Research Priorities
- Language, Culture, and Ceremony
- Indigenous Research Workforce
- Indigenous School of Healing Arts & Sciences
Where are 105 HBCUs?
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…

- 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?
Indigenous School of Healing Arts & Sciences

Next Steps
• Strategic Plan and Business Plan
• Governance Structure
  • National
  • Multiple campuses
  • International?
• Support existing programs
• Financial Support
Getting to Yes
Data Sharing Between States and Tribes

Tuesday | September 26
Krystal Schramm
“Miskwa Mishiki Kwe”

Director of American Indian & Alaska Native Engagement
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

Statistics taken from: https://www.census.gov/
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
HIEs, health equity and public health

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

LET'S CONNECT

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COLLABORATING WITH STATE PARTNERS TO PROMOTE TRIBAL HEALTH DATA EQUITY

Pharah D. Morgan, MS, MPH
Lead Epidemiologist
BACKGROUND

- Health and American Indian/Alaska Native (AI/AN) populations:
  - Negative Health Outcomes
  - Life expectancy\(^1\): \textit{5.5 years less} (73.0 years vs. 78.5 years, respectively)
  - Provisional AI/AN life expectancy\(^2\): 67.1 years (2020) \(\rightarrow\) \textit{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
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.

- 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
- Lack of awareness TEC’s Public Health Authority
- Demographics variables
- Restricted/limited access to datasets
RMTEC & TRIBAL DATA

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
American Indians/Alaska Natives have long experienced health inequity.

Better data to address Tribal Social Determinants of Health.

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


THANK YOU

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406.254.6355 (fax)

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TEC Director
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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
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.

“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.

“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

In March 2020, the Centers for Medicare & Medicaid Services temporarily paused certain Medicaid requirements and conditions allowing people to continue their health coverage during the public health emergency. Now states are required to review eligibility renewals and disenroll those members no longer eligible. OHCA estimates it will be required to disenroll approximately 20,000 eligible members over a 10-month period starting April 30, 2023.

<table>
<thead>
<tr>
<th>Qualifying Group</th>
<th>Federal Poverty Level</th>
<th>PHC Members Disenrolled</th>
<th>Proc. Dental Disenrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children/Parent Caretaker</td>
<td>150-199%</td>
<td>2,468</td>
<td>1,037</td>
</tr>
<tr>
<td>Elderly</td>
<td>200-299%</td>
<td>2,807</td>
<td>1,156</td>
</tr>
<tr>
<td>Family Planning</td>
<td>20% and Over</td>
<td>2,767</td>
<td>1,258</td>
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<tr>
<td>Other</td>
<td>25% and Over</td>
<td>3,050</td>
<td>1,321</td>
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</table>

The Procedural Dental court is a subset of the total monthly PHC Members Disenrolled court.

Qualifying Group

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<tr>
<th>Third Party Liability (Major Medical)</th>
<th>Ethnity</th>
<th>PHC Members Disenrolled</th>
<th>Proc. Dental Disenrolled</th>
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<tbody>
<tr>
<td>Hospital</td>
<td>Non-Hispanic</td>
<td>7,762</td>
<td>1,412</td>
</tr>
<tr>
<td>Other</td>
<td>Non-Hispanic</td>
<td>4,948</td>
<td>3,983</td>
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</table>

Age Group and Race

<table>
<thead>
<tr>
<th>Race</th>
<th>PHC Members Disenrolled</th>
<th>Proc. Dental Disenrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>28,954</td>
<td>17,589</td>
</tr>
<tr>
<td>Black or African American</td>
<td>5,053</td>
<td>3,645</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>4,092</td>
<td>2,414</td>
</tr>
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</table>

OHCA Health Care Authority
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


- 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.
LEARNING FROM COVID: COMMUNICATING DATA TO THE PUBLIC WITH VISUALIZATIONS AND SOCIAL MEDIA
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
COVID-19 DATA LITERACY IS FOR EVERYONE
1. Denominators Matter
2. Provide Context
3. Standardize Axes
4. Carefully Consider Colors, Shapes, and Symbols
5. Be Transparent About Uncertainty
1. **DENOMINATORS MATTER**
2. PROVIDE CONTEXT
3. STANDARDIZE AXES
4. CAREFULLY CONSIDER COLORS, SHAPES, AND SYMBOLS
5. BE TRANSPARENT ABOUT UNCERTAINTY
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).

National Indian Health Board
1. DENOMINATORS MATTER
2. PROVIDE CONTEXT
3. STANDARDIZE AXES
4. CAREFULLY CONSIDER COLORS, SHAPES, AND SYMBOLS
5. BE TRANSPARENT ABOUT UNCERTAINTY
A line graph showing COVID deaths surpassing those in China, published in an article in the Telegraph.
1. Denominators matter
2. Provide context
3. Standardize axes
4. Carefully consider colors, shapes, and symbols
5. Be transparent about uncertainty
STANDARDIZE AXES

Death rate varies by age, health and sex

Case fatality ratio

Age
- 80+
- 70-79
- 60-69
- 50-59
- 40-49
- 30-39
- 20-29
- 10-19
- 0-9

Health condition
- Cardiovascular
- Diabetes
- Respiratory disease
- Hypertension
- None

Sex
- Male
- Female

Source: Chinese Centre for Disease Control and Prevention

A visualization from the BBC showing death rates due to COVID by age, health condition, and gender.
1. Denominators matter
2. Provide context
3. Standardize axes
4. Carefully consider colors, shapes, and symbols
5. Be transparent about uncertainty
A map tracking state's COVID-19 response shows that Kansas has "uncontrolled spread" of the disease while Missouri is "trending poorly." covidexitstrategy.org
1. DENOMINATORS MATTER
2. PROVIDE CONTEXT
3. STANDARDIZE AXES
4. CAREFULLY CONSIDER COLORS, SHAPES, AND SYMBOLS
5. BE TRANSPARENT ABOUT UNCERTAINTY
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

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

- 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
THE RIGHT INGREDIENTS

Act of Love

2022 National NATIVE AMERICAN HERITAGE MONTH
MAKE IT COUNT!

#DYK less than one-third of kids ages 5-11 have completed their primary vaccination series?

National Indian Health Board

Are you unsure about the differences between epidemic, pandemic, and endemic diseases? Check out this new visual aid that details the differences!

To learn more about COVID-19 vocabulary, view the Terminology Factsheet on the NIH COVID-19 resources website by visit https://www.nih.gov/covid-19

Epidemic Disease  Pandemic Disease  Endemic Disease

The BA.5 variant accounts for more than 85% of COVID-19 cases in the U.S. Slow the spread of COVID-19 by showing your Acts of Love! Get your COVID-19 vaccine or booster, wear a face mask in crowded areas, keep your distance from others (at least six feet), and wash your hands often!

If you are interested in learning more about the BA.5 variant, join NIHB on August 24 for the first webinar in our Vaccine Week series! Register at: https://bit.ly/3QPLCgl

Pregnant women are at higher risk for severe COVID infections.

Did you know Tribal health organizations (THOs) provide services to a wide variety of individuals including 58% of eligible non-Native people?

Public Health in Indian Country Capacity Scan

PHICCS

National Indian Health Board
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

#### Have you gotten your flu shot yet?

Recent CDC data has shown that this year’s flu shot has been very effective. Protect yourself and your community by getting your flu shot today!

#### Diabetes-related kidney failure in AI/ANs decreased by 56% the greatest decline for any racial or ethnic group. This translates directly to lives and funds saved, reducing the amount of AI/AN people who go on dialysis or receive kidney transplants, and saving Medicare over $500 million over 10 years.

#### The FDA Authorizes Moderna and Pfizer–BioNTech COVID–19 Vaccines for Children Down to 6 Months of Age

Earlier this week, FDA’s independent Vaccines and Related Biological Products Advisory Committee was consulted and voted in support of the authorizations. Both Moderna and Pfizer submitted plans to continue to monitor the safety of the vaccines as they are used under EUA; these plans have been updated to include the newly authorized populations, and longer-term safety follow-up is ongoing for participants enrolled in the clinical trials for both vaccines.

#### The Centers for Disease Control and Prevention (CDC) recently announced new COVID-19 guidance. To prevent severe illness or death:

- Understand your risk of infection
- Protect yourself and your community by getting your COVID-19 vaccine or booster, and using therapeutics and nonpharmaceutical interventions (such as washing your hands and covering your nose and mouth when coughing or sneezing)
- Get tested and wear a face mask after being exposed to COVID-19
- Get tested if symptomatic
- Isolate for at least five (5) days if infected

#### Proportion of AI/AN Uninsured

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<th>Proportion</th>
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<td>2012</td>
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<tr>
<td>2013</td>
<td>23.8</td>
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<td>2014</td>
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<tr>
<td>2018</td>
<td>16.0</td>
</tr>
<tr>
<td>2019</td>
<td>15.4</td>
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</table>

**National Indian Health Board**
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

1 in 10 American Indians and Alaska Natives live without safe drinking water.

Maternal Health in Tribal Communities

From 2017–2018, the pregnancy-related maternal mortality ratio was more than twice as high for AI/AN women, compared to non-Hispanic white women.

From 2017–2018 research found that over 50% of pregnancy-related deaths in the U.S. were preventable, and highlighted that AI/AN people work and still only experience the potentially higher rates of maternal mortality.

Postpartum depression is the first step to achieving maternal health equity, especially when communities work on policies that address maternal pregnancy coverage to 18 months postpartum.

In the U.S., 40% of women are more likely to have Medicaid if they are pregnant or have a child. Women of color experience higher rates of postpartum depression than non-Hispanic white women.

Key Takeaways for Tribal Health from the Fiscal Responsibility Act of 2023

- Secures the future of HHS Advance Appropriations
- Posibility of HHS funding increases in FY 2024 and 2025
- Nearly all HHS COVID response and recovery funding is protected

No new Medicaid work requirements, a proposed change to the QMB/SLMB, or SE Disability for 5 years.

If Congress doesn’t pass a deal by 2024, funding would be cut by 1% until a deal is reached.
WHAT’S NEXT?

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


QUESTIONS?

—

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Jeannie Le jle@nihb.org
KEEP UP WITH NIHB!

Follow Us on Social Media:

NIHB1972
@NIHB1

Visit Our Website:
https://www.nihb.org/

@nihb1
National Indian Health Board
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 Summit Registration and Attendance Statistics:

<table>
<thead>
<tr>
<th>Category</th>
<th># Pre</th>
<th>Category</th>
<th># Post</th>
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<tr>
<td>Total Registered (pre)</td>
<td>192</td>
<td>Total Attended (post)</td>
<td>216</td>
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</tr>
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<td>61</td>
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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
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.
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.
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

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?
Thank you!

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