



**Annual Report**  
**Native American Legislative Liaison Committee**  
**November 14, 2016**

American Indian/Alaska Native Health in Utah

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**Submitted by:**

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## OVERVIEW

The American Indian/Alaska Native Health Liaison, Health Policy Consultant is located in the Utah Department of Health, Office of American Indian/Alaska Native Health Affairs. The mission statement; *To raise the health status of Utah's American Indian/Alaska Native (AI/AN) population to that of Utah's general population.*

The primary goal of the Office is to promote and coordinate collaborative efforts between the Department, and Utah's AI/AN population to improve the availability and accessibility of quality health care both on and off the reservation. There are three primary objectives for achieving this goal;

- Interact with the following to improve health disparities:
  - Tribal Leadership,
  - Tribal Health programs,
  - Local Health Departments,
  - State agencies and officials,
  - Providers of health care in the private sector.
  
- Facilitate education, training, and technical assistance regarding public health & medical assistance programs to Utah's AI/AN population.
  
- Staff an Advisory Board (Utah Indian Health Advisory Board) by which Utah's tribes may consult with state, federal and local agencies for the development & improvement of public health policy and programs to improve health care for Utah's AI/AN population both on & off the reservation.  
Current goals include, but are not limited to:
  - Improve outcomes targeting;
    - Community Health Assessment(s)
    - Data & Data Sharing Agreements
    - Strengthening families; Women's Health & Maternal Child Health
    - Behavioral & Mental Health
    - Improving access to services & reimbursement
    - Public Health Emergency Preparedness & Infectious Disease Response Planning
  - Tribal Consultation
  - Community partnering and collaboration

Each year the Utah Indian Health Advisory Board (UIHAB), comprised of appointed health representatives from the 8 tribes in Utah and Urban Indian Organization (UIO) in Utah, holds a retreat to address health issues, concerns, and policies impacting their communities. They review, revise and develop new goals, objectives, and action steps targeting overall improvements to health care and access in their communities. In collaboration with the Utah Department of Health (UDOH), strategies are developed to initiate those action steps.

## INDIAN HEALTH IN UTAH 2016

STRENGTHS	WEAKNESS
<p>A. <i>Improved communication between state agencies addressing health care, policy, implementation, and the Indian Health Services (IHS)/Tribal/Urban Indian Health (I/T/U) programs</i></p> <ul style="list-style-type: none"> <li>■ UDOH Tribal Consultation Policy</li> <li>■ UDOH Indian Health Liaison designation to focus and work with I/T/U directly</li> <li>■ UDOH Model utilized within the DHS and the DWS</li> <li>■ Utah Indian Health Advisory Board (UIHAB) – comprised of Tribally appointed health representatives &amp; the Urban Indian Organization (UIO) representative.</li> </ul> <p>B. <i>Improved Preventative health education and outreach</i></p> <ul style="list-style-type: none"> <li>■ Emergency Preparedness &amp; Infectious Disease Planning</li> <li>■ Diabetes/Obesity</li> <li>■ Maternal Child Health</li> <li>■ Cancer</li> <li>■ Tobacco Coalitions</li> <li>■ Behavioral health</li> </ul> <p>C. <i>Improved Access</i></p> <ul style="list-style-type: none"> <li>■ Medicaid and CHIP outreach and enrollment (graph)</li> <li>■ Affordable Care Act (ACA) &amp; Indian Health Care Improvement Act (IHCIA) (Approximate # enrolled in SLC)</li> <li>■ Emergency Medical Services</li> <li>■ Certification &amp; training opportunities</li> </ul>	<p>A. <i>Qualified Professionals.</i></p> <ul style="list-style-type: none"> <li>■ Very limited qualified American Indians professionals to provide care at Tribal and Urban clinics</li> </ul> <p>B. <i>Data</i></p> <ul style="list-style-type: none"> <li>■ limited data sharing specific to American Indians between Tribal and urban Indian health programs and the state</li> </ul> <p>C. <i>Trust</i></p> <ul style="list-style-type: none"> <li>■ Although there have been significant improvements in communication; there remains a lack of trust between the Tribes and the State.</li> </ul> <p>D. <i>Tribal Health program capacity</i></p> <ul style="list-style-type: none"> <li>■ Many tribal programs are operated by a skeleton staff, of which many have multiple roles within the programs.</li> </ul> <p>E. <i>Funding</i></p> <ul style="list-style-type: none"> <li>■ Competiveness for tribal and urban Indian health programs; federal, state and local levels is increasing and not always inclusive of the Indian health and Tribal programs.</li> </ul> <p>F. <i>Mobility</i></p> <ul style="list-style-type: none"> <li>■ Highly mobile between urban &amp; rural settings for work and educational opportunities</li> </ul>

OPPORTUNITIES	THREATS
<p>A. Collaboration and partnership development between;</p> <ul style="list-style-type: none"> <li>■ Institutions of higher education and the I/T/U,</li> <li>■ Tribal and Urban Indian health programs,</li> <li>■ Community partners</li> </ul> <p>B. Improvement in processes at the Tribal and Urban Indian health program level to access health programs and activities. Tribal programs are not always able to access what is available.</p> <p>C. Increasing awareness of Indian Health Issues and consultation requirements among other state agency programs and with Utah’s leadership.</p> <p>D. Policy changes enhancing the state and I/T/U’s to share data</p>	<p>A. Funding of the Indian Health System. Programs are already underfunded. Fear this is eroding tribal sovereignty through treaty rights.</p> <p>B. Lack of Medicaid Expansion opportunities. Tribal programs utilize current resources for improving access to care and improving health outcomes in their communities.</p> <p>C. Poverty</p> <ul style="list-style-type: none"> <li>■ Very limited employment opportunities on reservations.</li> <li>■ Education is improving, but no mechanism to apply it on the reservation. Sense of isolation impacts health, behavioral health, &amp; substance abuse.</li> <li>■ Economic Development opportunities.</li> </ul> <p>D. Geography. Utah’s AI/AN population live in very rural and frontier parts of the state where access is minimal.</p> <p>E. Contract Health- 180 day rule. Many AI/AN’s leave reservations to work and to pursue educational opportunities and loose the IHS /Tribal access to health care.</p>

## **ACTION STEPS IN INDIAN HEALTH FOR 2016**

Each year the Utah Indian Health Advisory Board (UIHAB), comprised of appointed health representatives from the 8 tribes and urban Indian Organization in Utah, holds a retreat to address health issues, concerns, and policies impacting their communities. They review, revise and develop new goals, objectives, and action steps targeting overall improvements to health care and access in their communities. The four areas of focus for 2015 are:

- Community Health Assessments and Data Sharing
- Strengthening Families
- Gestational Diabetes
- Medicaid Expansion/Medicaid

In collaboration with the Utah Department of Health (UDOH) Office of AI/AN Health Affairs, strategies are developed to initiate action items specific to the areas of focus. Below is a summary of some action steps as they correlate to the Indian health assessment.

### 1. Collaboration & Partnership Development –

- a. The UIHAB identified community health assessments to explore options for public health accreditation. Through the Gaining Ground Partnership, the RedStar Consulting group provided a presentation on readiness at the February 2015 annual retreat. In partnership with the Utah Public Health Association (UPHA), resources were granted on behalf of the UIHAB to conduct an initial readiness assessment. Some of the key areas identified included; lack of resources, funding and staff. The Office of AI/AN Health Affairs was awarded a small grant from the American Public Health Association (APHA) to address awareness of and capacity building among the Utah Tribal Leadership about Public Health. The outreach efforts will operate from November 2016 – June 2017.
- b. As ongoing partnership development between the Tribal and UIO Public Health Emergency Preparedness programs, the UDOH Bureau of EMS, in collaboration with the UDOH Office of AI/AN Health Affairs, will provide technical assistance to those Tribal and UIO preparedness programs (voluntary), to continue conducting hazards assessments, infectious disease response plans and updating preparedness planning efforts. Tribes and the UIO will receive invitations to participate in statewide EMS & Preparedness exercise(s).
- c. Utah Birth Defects Network (UBDN) is a statewide population based surveillance system that has identified birth defects in children born in in Utah since 1994. Although not all birth defects can be prevented, steps can be taken to increase a woman’s chance of having a healthy baby. Over the last year, the UBDN has distributed multivitamins, education materials, and encouraged women to take 400mcg of folic acid every day PRIOR to pregnancy. Included is material necessary for women to make a PACT for prevention; **P**: Plan ahead, **A**: avoid harmful substances, **C**: Choose a healthy lifestyle, **T**: Talk to their health care provider.
- d. Zika: The UDOH hosted a state wide Zika Summit. Along with Local Health Districts, Tribal & Urban Indian Health departments were invited. Several tribes and the UICSL were able to participate. Through Consultation and partnership with the UIHAB representatives, the UBDN funded the development and printing of prevention materials *Protect the Circle of Life! Mosquito Prevention Starts with You* (attached), along with distribution of Zika prevention kits.

- e. The UDOH Bureau of Epidemiology, Disease Response, Evaluation, Analysis, and Monitoring Program has provided the opportunity through CDC funding to the State, to include 4 tribal mosquito abatement sites in Utah; Confederated Tribe of the Goshute Reservation, Navajo (Utah strip), Paiute Indian Tribe of Utah (Shivwits Band), & Ute Indian Tribe. Training for setting and monitoring traps will begin in the next few months.
- f. In Consultation with the Utah Tribal Leadership and the UIHAB, and partnership with the UDOH Office of AI/AN Health Affairs, the University of Utah Health Sciences and Health Plans, and the Utah Telehealth Network, a state wide internet connectivity assessment will be initiated on the reservations. The assessments will address the request for some specific telehealth services and possible equipment needs. Assessments are ongoing at this time; 4 of the 8 Tribes have been completed.
- g. The Utah National Guard Medical Command Unit collaborated with the Office of AI/AN Health Affairs and the Confederated Tribes of the Goshute Reservation to provide health assessment prevention and outreach to the tribal community. During the Tribe's Annual Pow Wow this past August, the National Guard deployed it's mobile command to set up a health clinic for health assessments including screening for dental and vision. . Approximately 120 community members were seen. It was a huge success for all parties involved!
- h. Utah Public Health Laboratory (UPHL) partnered with the Ute Mountain Ute Tribe to provide some heavy metal bio monitoring and well water testing for the White Mesa community in southern Utah. The UPHL was able to test 10% of the population (very successful). This partnership with the UPHL was able to support the Tribes efforts in developing a clean water system for their community on White Mesa. The final analysis will be shared with the Tribe and collaboration with the Tribal facility has been established for follow up as necessary regarding testing outcomes.

## 2. Tribal Health Program Capacity -

- a. Through Consultation with the UIHAB representatives, the UDOH Maternal Child Health (MCH) Program has awarded the Urban Indian Center of Salt Lake (UICSL) a Personal Responsibility Program (PREP) Grant. The UICSL along with support from the UIHAB, will develop a Coalition specific to AI/AN communities around Utah to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS, and to provide other adult preparation subjects
- b. In Consultation with the UIHAB in 2015, the UDOH's AI/AN Health Affairs and the Office of Home Visiting (OHV) requested, as part of the Home Visiting grant, to specifically address the tribal and urban Indian health program capacity issue to improve staffing with trained paraprofessionals from the communities. Currently, the Utah Navajo Health Systems, Inc. (UNHS) will be attending training for the *Family Spirit* model (developed by Johns Hopkins Center for American Indians) December 5, 2016. Implementation of Home Visiting is expected to begin during the month of December including family enrollment, which will conclude December 2017. Anticipation for enrollment at UNHS will be 30 families and 10 Families for San Juan County Health. Outreach efforts continue with the Ute Mountain Ute Tribe. Planning efforts with the Confederated Tribes of the Goshute is ongoing for service to approximately 10 families.
- c. UDOH Children with Special Health Care Needs, Utah Early Hearing Detection and Intervention (EHDI) and Cytomegalovirus (CMV) Public Health Initiative reached out to the Office of AI/AN Health Affairs to

engage Utah's Tribal programs to assist with the development of culturally specific outreach educational and prevention materials addressing CMV and to increase early hearing screening of newborns. Through recent Consultation with the UIHAB, the request to create materials for provider offices in addition to integrating the information in the Baby Your Baby pregnancy booklet developed for AI/AN women. The target time line for completion is April 2017.

- d. The Utah WIC (Women Children & Infant) Program is making great strides in improving relationships with and services to AI/AN's living in Utah. Over the last 18 months, the San Juan Health Department focused on opening 2 new clinics in Montezuma Creek & Monument Valley. In addition, the Utah WIC Program acquired a 35' customized RV that is fitted with a medical grade interior for purposes of providing WIC and other public health services to these community members. There has been a significant increase in participation due to these efforts. There are ongoing discussions to reach out to other Tribal communities that have gaps in WIC access and services.

### 3. Data Sharing –

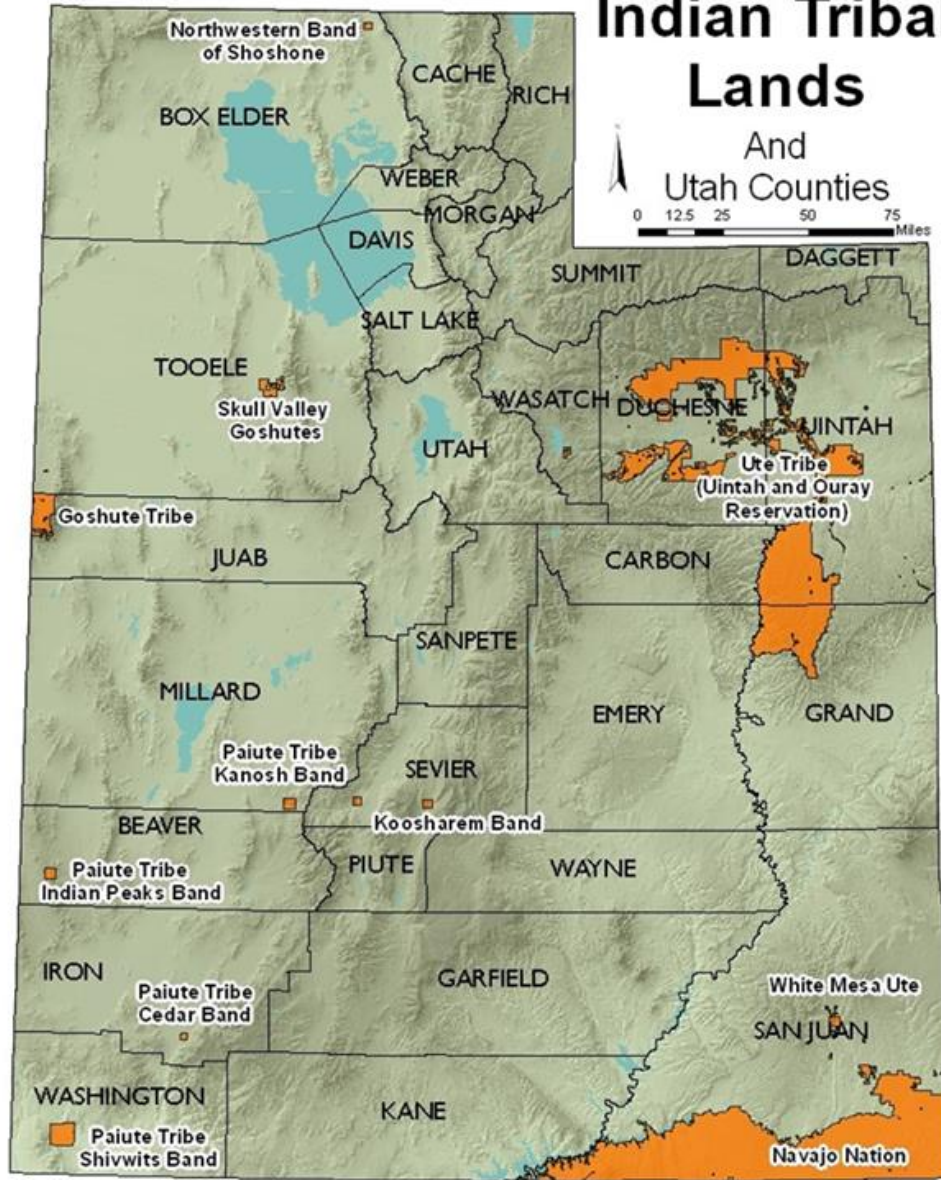
- a. The UDOH Center for Health Data and the Office of AI/AN Health Affairs successfully completed a Memorandum of Understanding (MOU) with the Inter Tribal Council of Arizona (ITCA) Tribal Epidemiology Center (TEC) Data requests have been made and reports have been completed. Negotiation of an MOU with the Navajo Nation TEC and UDOH are ongoing. These opportunities assist to improve the public health surveillance with the tribal areas and the State of Utah.
- b. In Consultation with the UIHAB, the UDOH and the UDOH's AI/AN Health Affairs included Tribal and Urban Indian programs in the Utah State Innovation Model Grant proposal to address Diabetes, Obesity and Behavioral health initiatives. The final report has been completed (attached). The UIAHB representatives are very enthusiastic about the report. This report will aid in procurement of additional resources in the coming months improving in efforts to build capacity of programs and staff.
- c. UDOH Office of Health Disparities (OHD) in Consultation with the UIHAB and the ITCA TEC, and partnership with the Office of AI/AN Health Affairs, completed a report on health status in Utah AI/AN communities over the last 15 years (attached). The report is part of the OHD efforts to prepare reports for several high risk communities in Utah. Again, this is another tool tribes can use to aid in applications for resources to improve health outcomes directly in their communities.

### 4. Medicaid Opportunities -

- a. Through ongoing collaboration, partnership and consultation with Medicaid and the UIHAB, AI/AN enrollment and eligibility for Utah Medicaid programs continues to be stable after an approximate increase of 9% from 2015-2016 Medicaid meets monthly with the UIHAB representatives to update them on policy, State Plan Amendments (SPA) and Rules, and to follow up with any eligibility and access issues their communities face.
- b. The Utah Tribal Leadership and the UIHAB representatives continue to support and advocate for Medicaid Expansion options for Utah. Utah's AI/AN population suffer higher poverty and childhood poverty than Utah's overall. As of October 2016, approximately 60% of AI/AN living in poverty are enrolled or eligible for Medicaid services. Medicaid Expansion options provide a mechanism for adults who are currently not eligible for traditional Medicaid to receive care and to support the Tribal health programs who are providing all or some of that care.

# Indian Tribal Lands

And  
Utah Counties

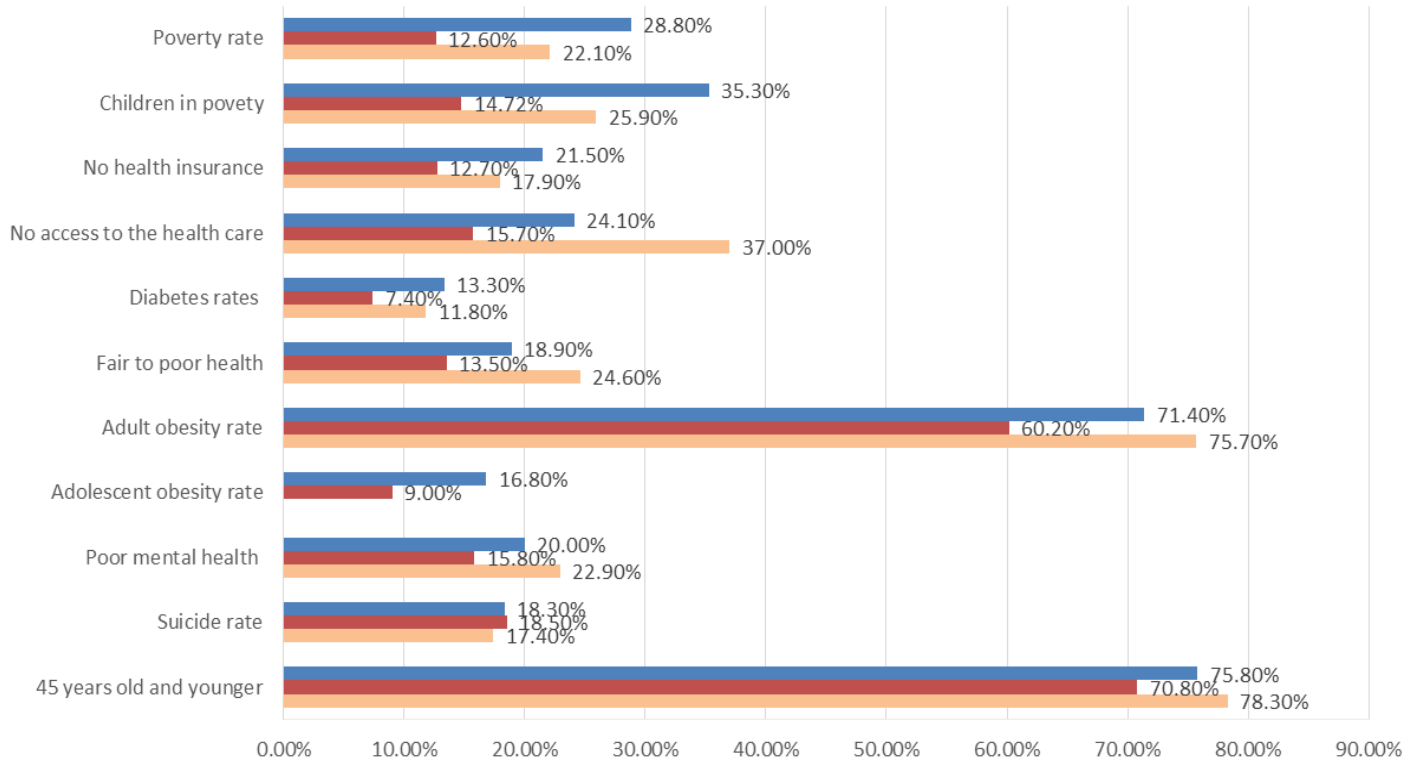


Created by Barbara Perry - Utah Division of Water Resources - May 4, 2005



**APPENDIX A**

## Health indicator comparison between AI/AN and UT's general population

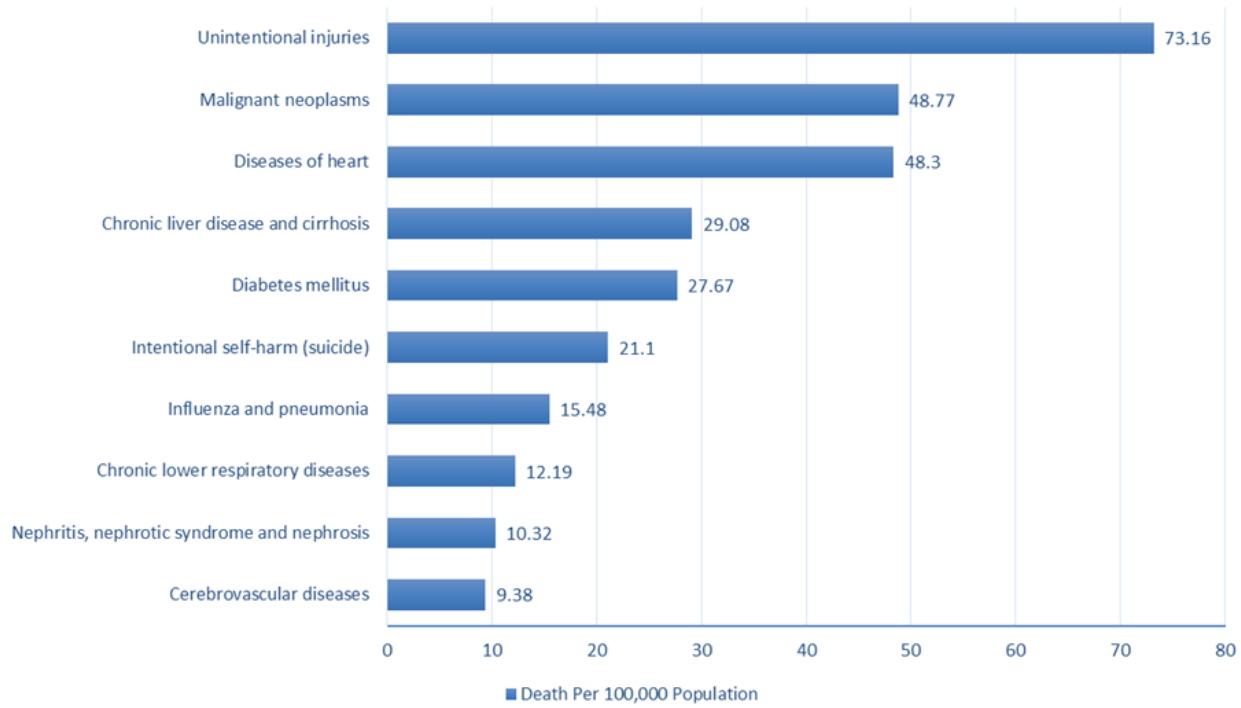


	45 years old and younger	Suicide rate	Poor mental health	Adolescent obesity rate	Adult obesity rate	Fair to poor health	Diabetes rates	No access to the health care	No health insurance	Children in poverty	Poverty rate
■ AI/AN (2015)	75.80%	18.30%	20.00%	16.80%	71.40%	18.90%	13.30%	24.10%	21.50%	35.30%	28.80%
■ Utahns (2015)	70.80%	18.50%	15.80%	9.00%	60.20%	13.50%	7.40%	15.70%	12.70%	14.72%	12.60%
■ AI/AN (2010)	78.30%	17.40%	22.90%		75.70%	24.60%	11.80%	37.00%	17.90%	25.90%	22.10%

■ AI/AN (2015)   ■ Utahns (2015)   ■ AI/AN (2010)

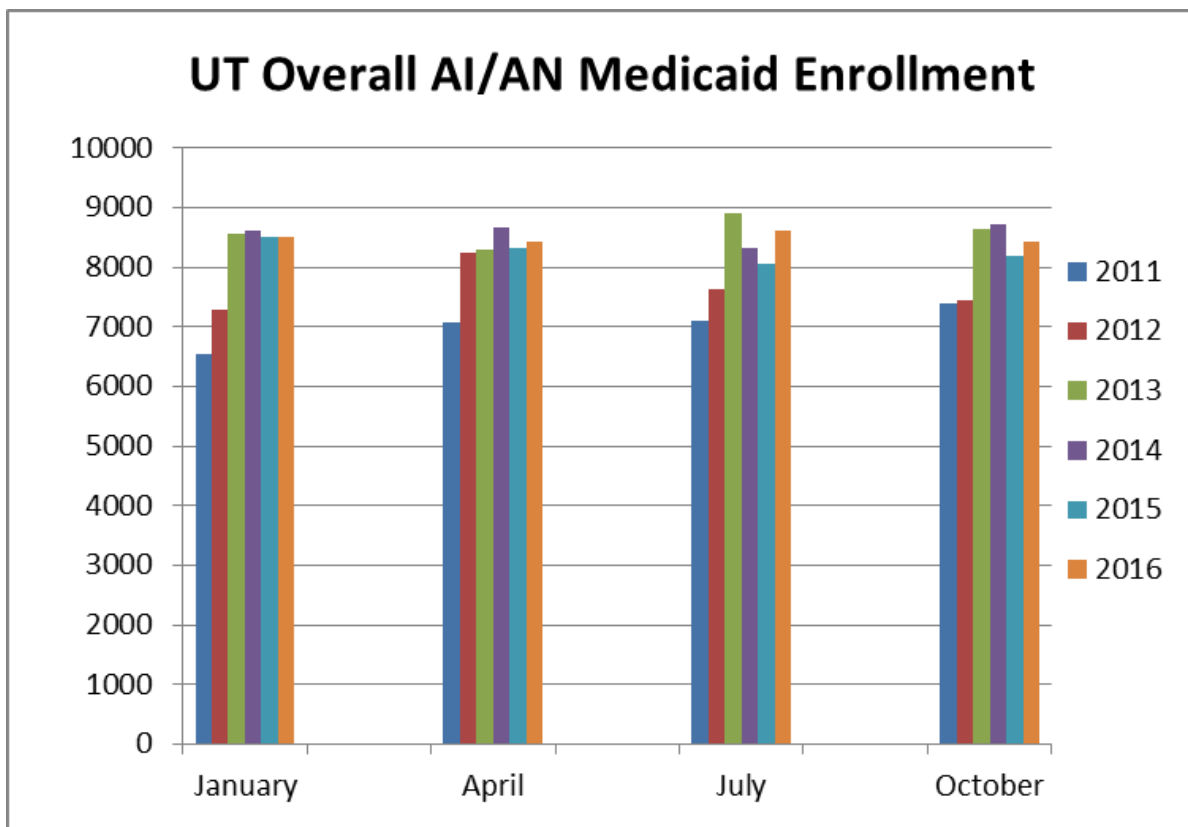
**Utah Health Status by Race & Ethnicity 2015, 2010, OHD UDOH**

### AI/AN Top 10 Leading Causes of Death in Utah by Crude Rate, Deaths Per 100,000 Population



UDOH, Office of Health Care Data, IBIS 2010-2014

### UT Overall AI/AN Medicaid Enrollment



Compiled from monthly Utah Medicaid Data Reports from 2011-2016