



# American Indian/Alaska Native tribal health liaison annual report

State of Utah  
Office of American Indian/Alaska Native Health and Family Services  
11/1/23

To: Native American Legislative Liaison Committee  
From: Jeremy Taylor, tribal health liaison  
Subject: Statutorily required report: UCA 26B-1a-107

## Purpose

As required by 26B-1a-107, the tribal health liaison is required to report the liaison's respective activities and accomplishments annually to the Native American Legislative Liaison Committee (NALLC) created in Section 36-22-1.

## Executive summary

The Utah Department of Health and Human Services (DHHS) Office of American Indian/Alaska Native (AI/AN) Health and Family Services reports to the DHHS executive director. The department's vision "is to ensure all Utahns have fair and equitable opportunities to live safe and healthy lives."

Historically, people who identify as American Indian/Alaska Native and live in Utah suffer higher rates of health disparities, including chronic disease and poverty (see Appendix). The primary mission of the Office of American Indian/Alaska Native Health and Family Services includes the following outcomes:

- Improve overall health outcomes for people who identify as American Indian/Alaska Native living on and off reservations in Utah.
- Improve access to physical and behavioral health and public health resources for tribal governments and the Urban Indian Organization (UIO).
- Promote effective formal communication between federal, state, and tribal governments.

The primary goals for the tribal health liaison include the following:

- Promote and coordinate collaborative efforts between DHHS, tribal governments, state and local partners, and American Indian/Alaska Native communities throughout Utah.

- Improve the availability and accessibility of quality health care and health care resources both on and off the reservations.

There are four primary objectives for achieving these goals:

- Improve health disparities by improving access and collaboration with the following organizations:
  - Tribal governments and leadership.
  - Tribal health agencies and officials.
  - State agencies and officials.
  - Local health departments.
  - Private-sector health care providers.
- Assess gaps in physical health, behavioral health, and public health access for people who identify as American Indian/Alaska Native Health throughout Utah.
- Provide education, training, and technical assistance for the American Indian/Alaska Native population about public health and medical assistance programs in Utah.
- Staff the Utah Indian Health Advisory Board. This board is the primary contact for coordinating American Indian/Alaska Native public health policies and programs between tribes and state, federal, and local agencies.

### **Potential Legislative Action/Follow-Up**

None at this time.

### **Accomplishments**

The Office of American Indian/Alaska Native Health and Family Services accomplished the following activities during the reporting period:

- Collaborated with tribal governments on providing services to American Indian/Alaska Native populations most efficiently.
- Planned, coordinated, and facilitated monthly meetings for the Utah Indian Health Advisory Board.
- Supported tribal governments in preparedness and crisis workforce development activities.
- Started implementing the Building Organizational Capacity Assessment to advance Health Equity (BOCA-HE) in our office. Our goal is to continue identifying opportunities to collaborate with tribal governments and improve health equity in the American Indian/Alaska Native population.
- Allocated and delivered 142 air purifiers and 778 replacement filters to 9 tribal organizations, including Red Mesa Head Start, Red Mesa Chapter House, Confederated Tribes of the Goshute Reservation Preschool, Ute Indian Tribe Head Start, Northwestern Band of the Shoshone Nation Child care centers, Navajo Mountain Head Start, Navajo

Mountain Chapter House, Southern Paiute Indian Tribe, and Aneth Community School. The air purifiers and replacement filters directly improved the health of people who identify as American Indian/Alaska Native by decreasing dust build-up and harmful airborne particles that contribute to asthma and virus exposure.

- Attended the 17th Annual Governor's Native American Summit and engaged with tribal leaders to build stronger state-tribal relations.
- Planned, coordinated, and visited with tribal leaders in-person to report on health programs, services, and resources.
- Helped address the opioid crisis in both urban and rural tribal communities by increasing access to culturally-appropriate resources and support services.
- Presented opioid response information.
- Distributed surveys to tribal leaders about the Office of American Indian/Alaska Native Health and Family Service communication and performance.
- Participated and presented at 2 health equity conferences to increase awareness of the existing health disparities among Utah American Indian/Alaska Native populations.
- Planned and coordinated visits with the Division of Aging and Adult Services to tribal communities.
- Collaborated with the Office of Maternal and Child Health to share information with tribes about available maternal health programs and services. Sharing this information to tribes will continue during the next reporting period.
- Planned and coordinated visits with the Division of Population Health to tribal communities.
- Collaborated with the DHHS Office of Legislative Affairs to share key information about positive tribal-state collaboration and communication strategies.
- Planned and coordinated visits with the Office of Health Equity to the Utah Navajo Health System communities.
- Shared key information with internal and external stakeholders about the government and organizational structure of the 8 federally recognized tribes in Utah.

## **Conclusion**

The Office of American Indian/Alaska Native Health and Family Services will continue to develop a strong foundation in program development, activity prioritization, and data collection methodologies that help the state and Indian health system (I/T/U) in Utah to improve the overall health and well-being of Utah American Indian/Alaska Native communities.

Through continued use of the DHHS consultation and conferment policy, our office continues to identify gaps in access to resources, address social determinants of health, and promote opportunities for partnerships with tribal governments and the Indian health system partners.

## **Appendix**

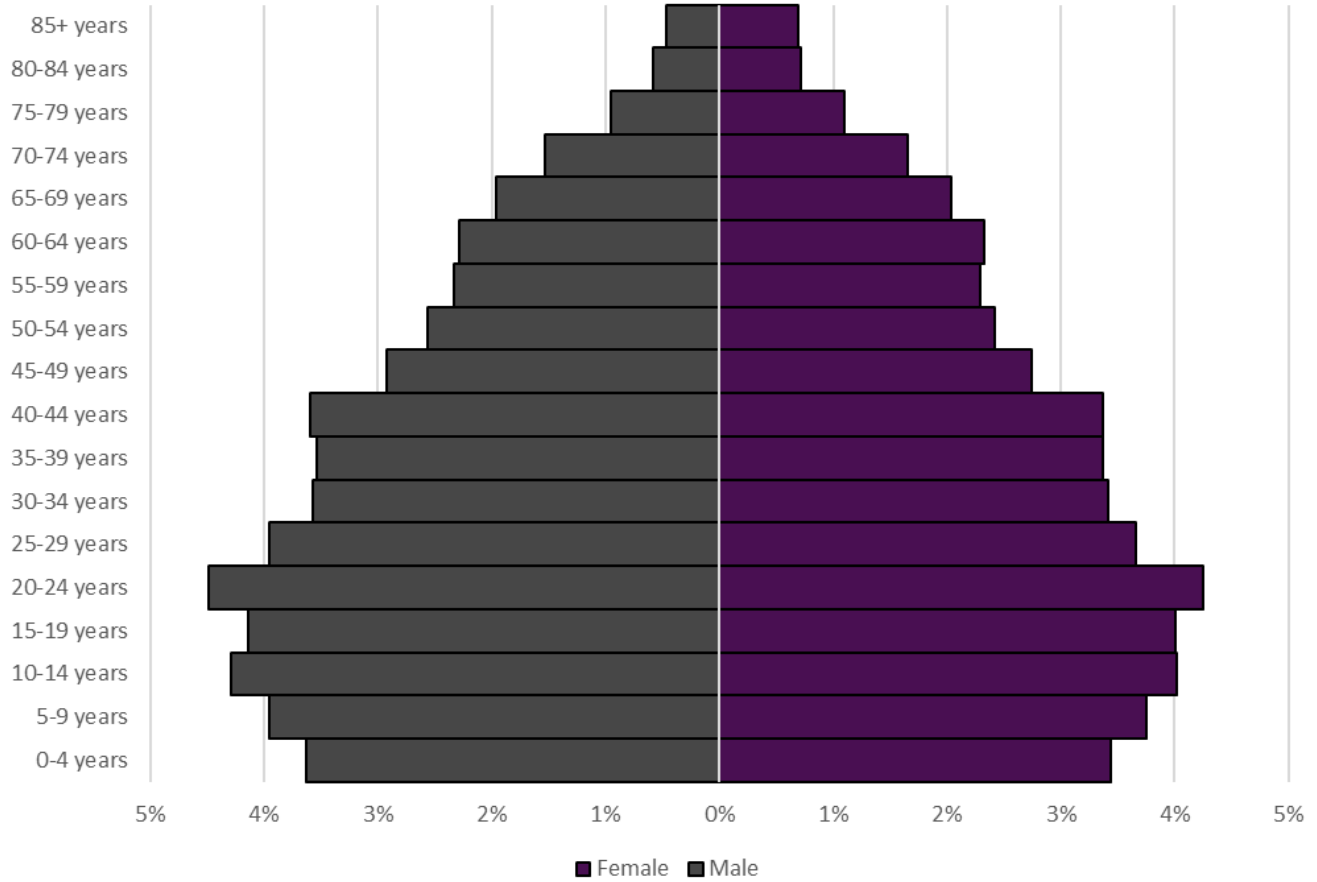
## Location of Tribal lands in Utah



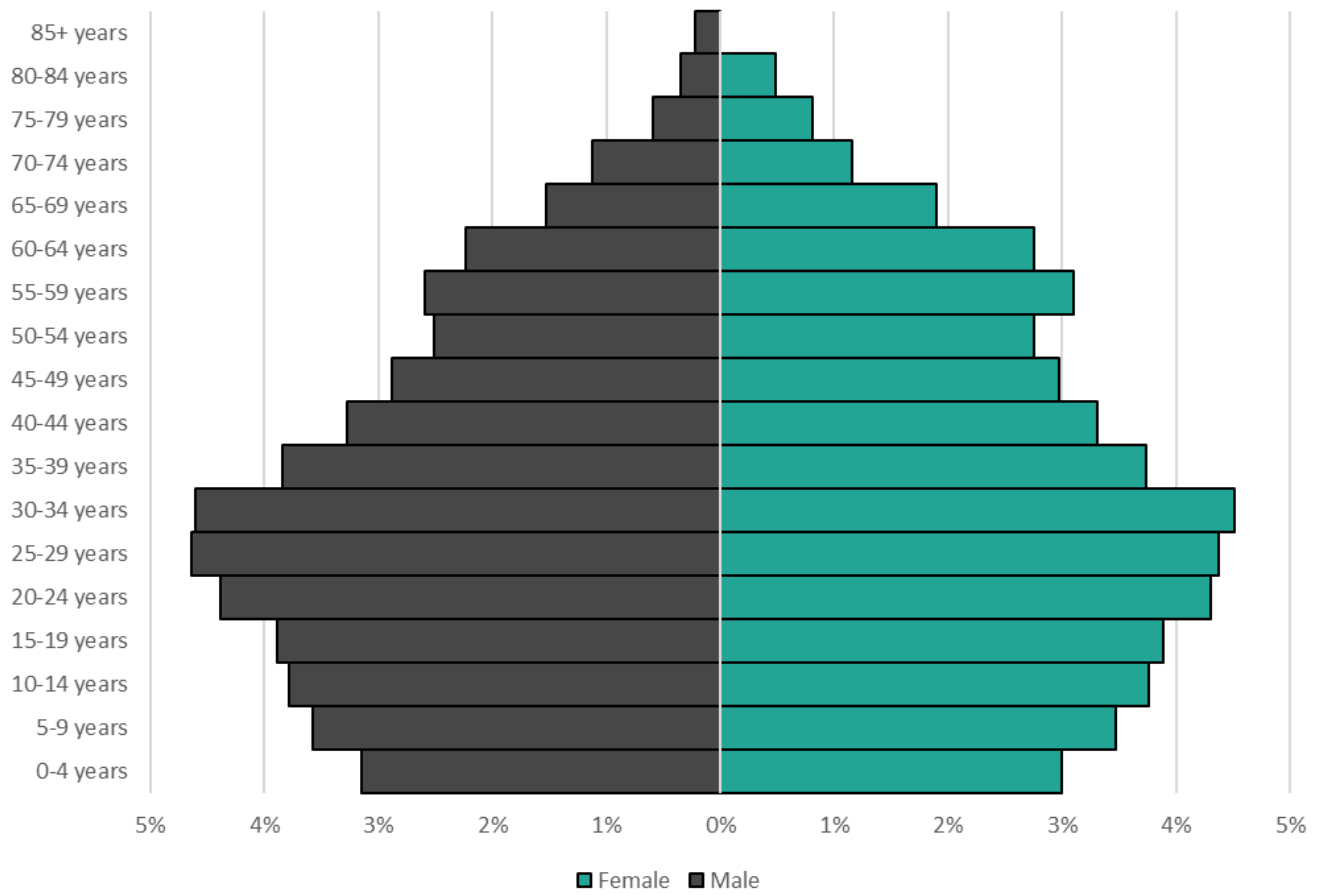
Note: Urban Indian Center SLC is not a tribal entity. It is included in the Indian health system. Map created by B. Perry, UDWR 2005, Updated K. John, UDOH 2019

**Demographic and selected population data for American Indian/Alaska Native**

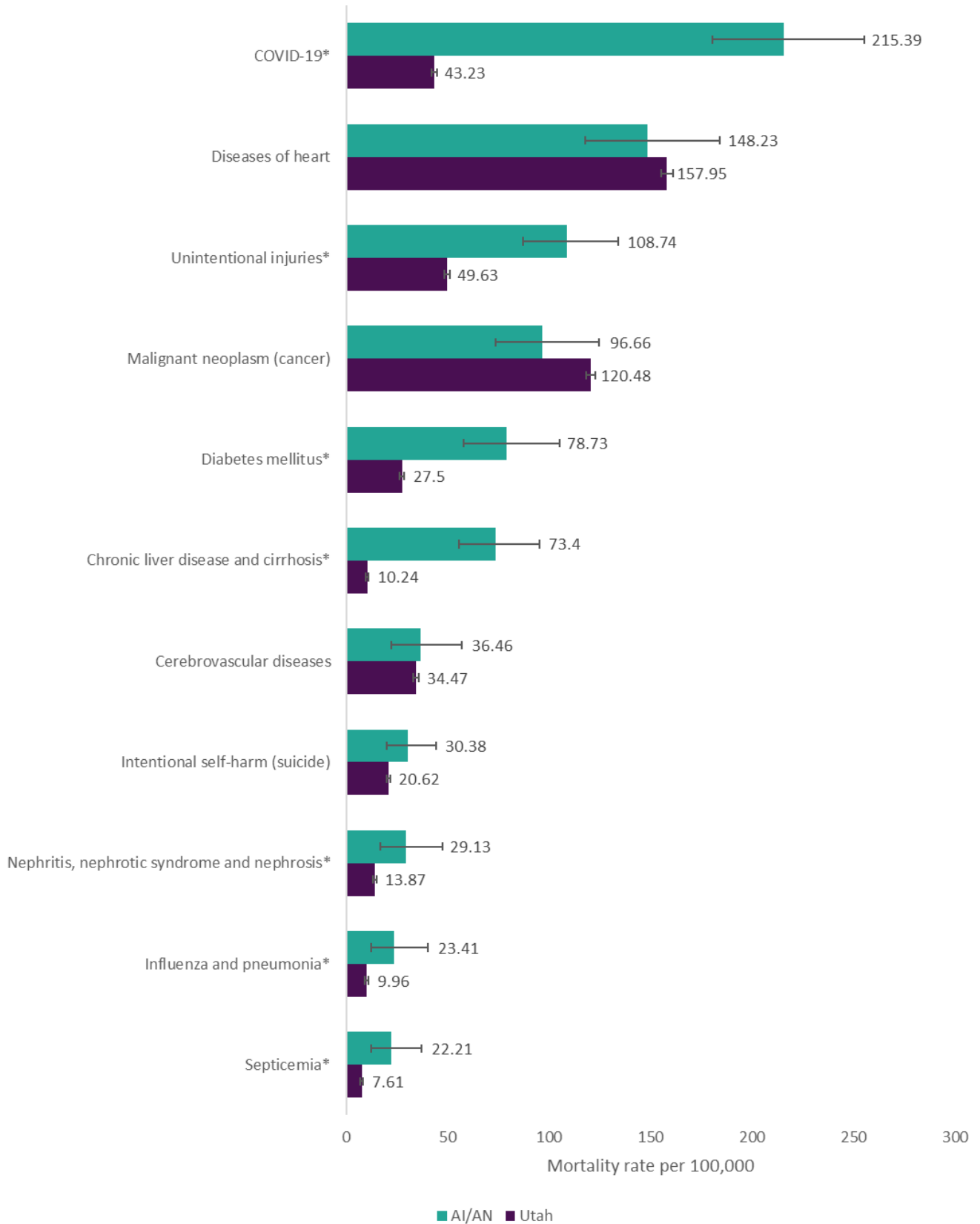
## Utah population by age and sex



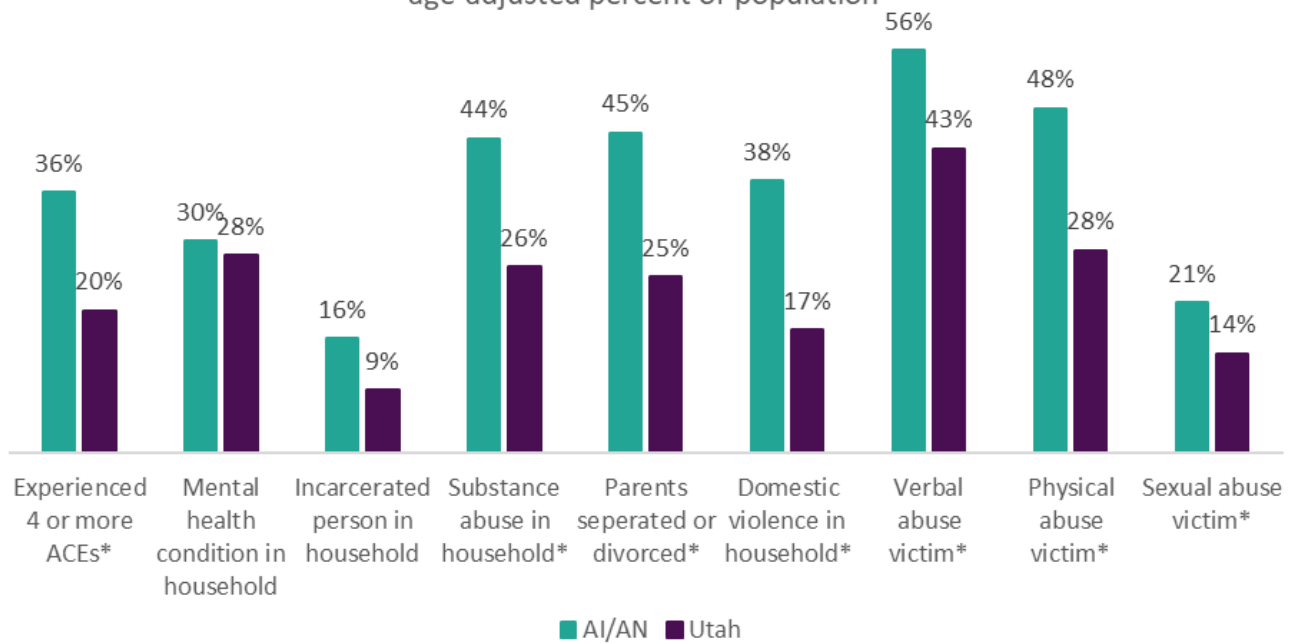
AI/AN population by age and sex



## Top ten causes of death among AI/AN in Utah (2019-2021)



### Adverse childhood experiences age-adjusted percent of population



### Socioeconomic status age-adjusted percent of population

