



National Indian Health Board

# Health Reporter

Fall 2016



Senator John Thune (R-SD) (left) stands with Senator John Barrasso (R-WY) and Representative Kristi Noem (R-SD) at a field hearing in Rapid City, SD on June 17, 2016 to discuss quality of care issues at IHS.



The Obama Administration has set important precedent when it comes to consulting with Tribes and honoring the government-to-government relationship. Here, HHS Secretary Sylvia Burwell is pictured with the Secretary's Tribal Advisory Committee.

## Healthcare Quality Improvement Needs in the Great Plains Area Fuel Legislative Effort to Reform at IHS

The National Indian Health Board (NIHB) has been at the forefront of a collaborative effort to improve quality care at the Indian Health Service (IHS) after recent findings that service provided at several IHS-operated facilities was deficient and "a direct threat to the safety of patients" (CMS investigative report). Over the course of the last year, the Centers for Medicare and Medicaid Services (CMS) investigators brought forth evidence of reprehensible practices occurring in at least three hospitals in the Great Plains Region of IHS.

Since these findings, IHS and the US Department of Health and Human Services have moved forward with plans to address some of the most immediate concerns in the Great Plains Region. However, many in Indian Country are still asking what will be done to address long-standing, structural deficiencies at IHS. You may recall that a 2010 report issued by then-Senator Byron Dorgan (D-ND) also found serious threats to healthcare in the Great Plains Region.

Earlier this summer, two pieces of legislation were introduced

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## New Administration and Congress in 2017 – What Tribes Need to Know for the Next Administration and Indian Health

The 2016 Presidential Election is drawing near and now is the time for Indian Country to thoughtfully deliberate on health care priorities and initiatives to improve and protect the health of American Indians and Alaska Natives (AI/ANs) as well as reduce health disparities as we look toward a new President. To assist in this endeavor, the National Indian Health Board (NIHB) will be creating a comprehensive Administration Transition Plan that will provide priorities, strategies, and policies for the next presidential administration to consider in order to ensure the delivery of quality healthcare and public health services to AI/ANs.

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# National Indian Health Board

910 Pennsylvania Ave., SE • Washington, D.C. 20003  
202-507-4070 • www.nihb.org



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## NIHB Staff

**Stacy A. Bohlen** – *Sault Ste. Marie Chippewa*  
Executive Director  
sbohlen@nihb.org • 202-507-4070

**Shervin Aazami**  
Public Health Associate – CDC Appointee  
saazami@nihb.org • 202-507-4088

**Kristen Bitsuie** – *Navajo*  
Tribal Health Reform Outreach and Education Program Associate  
kbitsuie@nihb.org • 202-507-4084

**Michelle Castagne** – *Sault Ste. Marie Chippewa*  
Congressional Relations Manager  
mcastagne@nihb.org • 202-507-4083

**Dawn Coley** – *Penobscot*  
Director of Tribal Health Care Reform Outreach and Education  
dcoley@nihb.org • 202-507-4078

**Devin Delrow, JD** – *Navajo*  
Director of Federal Relations  
ddelrow@nihb.org • 202-507-4072

**Robert Foley, M.Ed.**  
Chief Program Officer  
rfoley@nihb.org • 202-355-5494

**Sarah Freeman, MPH**  
Medicare, Medicaid, and Health Care Reform Policy Associate  
sfreeman@nihb.org • 202-507-4077

**Jamie Ishcomer, MPH, MSW** – *Choctaw Nation of Oklahoma*  
Public Health Project Coordinator  
jishcomer@nihb.org • 202-507-4074

**Carolyn Angus Hornbuckle** – *Mohawk*  
Director of Public Health Programs and Policy  
chornbuckle@nihb.org • 202-507-4070

**Karrie Joseph, MPH, CHES**  
Public Health Program Manager  
kjoeph@nihb.org • 202-507-4079

**Sheri Patterson**  
Finance Director  
spatterson@nihb.org • 202-507-4080

**Chawin 'Win' Reilly**  
Tribal Health Care Reform Outreach and Education Program Associate  
wreilly@nihb.org • 202-507-4081

**Caitrin McCarron Shuy**  
Director of Congressional Relations  
cshuy@nihb.org • 202-507-4085

**Lisa Wyzlic**  
Meeting and Events Planner  
lwyzlic@nihb.org • 202-507-4082

## THE NATIONAL INDIAN HEALTH BOARD

**ONE VOICE AFFIRMING AND EMPOWERING AMERICAN INDIAN AND ALASKA NATIVE PEOPLES TO PROTECT AND IMPROVE HEALTH AND REDUCE HEALTH DISPARITIES.**

### THE WORK OF THE NATIONAL INDIAN HEALTH BOARD

The National Indian Health Board (NIHB) advocates on behalf of all federally-recognized Tribal governments – both those that operate their own health care delivery systems and those receiving health care directly from the Indian Health Service (IHS).

Located on Capitol Hill in Washington, D.C., NIHB provides a variety of services to Tribes, area Indian health boards, Tribal organizations, federal agencies, and private foundations, including advocacy, policy formation and analysis, legislative and regulatory tracking, direct and timely communication with Tribes, research on Indian health issues, program development and assessment, training and technical assistance programs, and project management. NIHB is a 501(c)3 charitable organization.



**LESTER SECATERO**

## From the Chairperson

**Dear Indian Country Friends and Advocates,**

**Welcome to the Fall 2016 edition of the National Indian Health Board's (NIHB) Health Reporter! As always, we are excited to serve you as "One Voice affirming and empowering American Indian and Alaska Native peoples to protect and improve health and reduce health disparities." We are excited to see many of you in Scottsdale, Arizona for the National Tribal Health Conference where we will hear the latest and greatest on Indian health policy, programs, and innovations. The conference is always a treasured time to connect with old friends and new colleagues and take that information back to our communities as we work to improve the health of our people.**

Without a doubt, 2016 has been a busy year for Indian Health policy! The year started out tragically, when it was discovered that several Indian Health Service (IHS) hospitals in the Great Plains Area were found to have serious deficiencies that have resulted in numerous patient deaths. NIHB immediately went into action collecting data from Tribes throughout the country on the state of their service units and how things could be improved. We had the opportunity to offer testimony before the Senate Committee on Indian Affairs and the House Natural Resources Committee on two legislative proposals designed to improve the quality of care at IHS. While we support the

intent, this legislation is not perfect and we will work tirelessly to ensure that Congress passes laws that will improve healthcare for our people while respecting Tribal sovereignty and honoring the federal trust responsibility. A big part of this advocacy will be to request that IHS is fully funded in FY 2017.

This will also be a year of transition. The 2016 Presidential election will usher in a new Administration starting in 2017. Regardless of the outcome, Indian Country must be prepared to build on the successes of the Obama Administration and educate the future president on the priorities and needs of Indian

Country when it comes to health. NIHB will be working on a transition plan for the new Administration and we encourage you to be part of it.

An important legacy for Indian health during the Obama Administration has been the passage of the Patient Protection and Affordable Care Act (ACA). In addition to the permanent authorization of the Indian Healthcare Improvement Act, the ACA provides many valuable resources to Tribes and individual American Indians and Alaska Natives. NIHB is excited to serve as a resource for Tribal communities as they work to take advantage of new healthcare options through the ACA. This year we have released a new "Youth Toolkit" developed for and by Native youth who are one of the most underserved groups when it comes to health insurance access.

NIHB continues to grow and develop our Public Health Programs and Policy Department. Public health represents a critical piece in ending health disparities for American Indians and Alaska Natives. This means engaging with Indian Country on their needs, educating policymakers about those needs, and ensuring that Tribal-friendly public health programs and policies are executed on the local level. NIHB continues to advocate for the continuation of successful programs like the Special Diabetes Program for Indians and an increased presence for programming centered on best practices like trauma-informed care models.

You can read about all these issues and more in this edition of Health Reporter. We encourage you to provide input on this publication and all issues concerning the health and wellness of our people. NIHB is here to serve you.

Yours in Health,

**Lester Secatero**  
Chairperson

## Congress Still Has Much to Do for Tribal Health as 2016 Draws to a Close

After each election, Congress comes back to Washington, DC to hold what is called a “Lame Duck” session. During November and December Congressional leaders will try to pass legislation before the new Congress comes in January.

With the outcome of the November elections still unknown, it is hard to say what will happen during the lame duck session, but there are several Tribal health priorities that could come up. It is important that we are prepared for action when needed. Here are several of the key topics that could be on the congressional agenda this fall:

**FY 2017 Appropriations:** At the time of this writing, it is unknown if Congress will try to finish a full FY 2017 appropriations year, or if they enact a continuing resolution that lasts through mid-2017 so that a new Congress and President will influence the final verdict. We don't yet know what this means for Indian Health Service Funding. But we do have some baseline numbers to work with. For FY 2017, the House Appropriations Committee has recommended IHS be funded at \$5.07 billion in FY 2017 (\$271 million above FY 2016) and the Senate Appropriations Committee has recommended IHS be funded at \$4.9 billion (\$186 million above FY 2016). NIHB will work to advocate that a full-year appropriation be enacted by the end of 2016 at the Tribal request of \$6.2 billion for FY 2017.

**Employer Mandate Relief for Tribes:** NIHB has been working with Congress to enact a law that would exempt Tribal employers from the Employer Mandate under the Affordable Care Act. The Employer Shared Responsibility Provision, otherwise known as the “Employer Mandate,” states that all employers (including Tribal governments) with 50 or more employees must offer health insurance to their employees or pay a penalty. This will be unaffordable for many Tribes, and is a violation of the federal government's trust responsibility to provide health-care. Legislation has been introduced in the House and Senate as the “Tribal Employment and Jobs Protection Act”— H.R. 3080 and S. 1771,



NIHB Secretary Lisa Elgin discusses Tribal health priorities with Congressional staff in March 2016.

respectively. We have had some recent important traction in the House of Representatives with regards to this legislation. H.R. 3080 passed the Ways and Means Committee on June 5, 2016 by a vote of 24-13 along party lines. While we may have to change the underlying text of the bill to get a bipartisan compromise, NIHB is committed to seeing employer mandate relief enacted by the end of the year. Please stay tuned to NIHB for updates, talking points, and other tools as we work to enact this crucial legislation.

**IHS Quality of Care Issues:** Legislation has been introduced in both the House and Senate that would enact major reforms to IHS. (See article on the cover page.) NIHB has heard from the committees of jurisdiction that they hope to move this legislation by the end of the year with significant Tribal input. While a path forward is unclear, it is likely that something could move quickly. Stay tuned to NIHB as this develops.

**Special Diabetes Program for Indians:** The Special Diabetes Program for Indians is set to expire on September 30, 2017. The typical legislative vehicle used to renew SDPI will not be available in 2017. That means we will need to build strong legislative support for the program going into next Congress. NIHB and its partners at the American Diabetes Association and Juvenile Diabetes Research Foundation are urging members of Congress to sign onto a letter in support of the program. Our goal is to get over 75% of the House and Senate to support this letter. Please visit [www.nihb.org/sdpi](http://www.nihb.org/sdpi) for more information on how you can reach out to your Congressman to support the renewal effort. 📧





The Direct Service Tribes Advisory Committee meets with IHS officials to discuss key priorities for IHS-operated facilities.

## FEDERAL RELATIONS

# Meaningful Tribal Consultation – What is it?

**The United States has a special government-to-government relationship with Indian Tribes that is expressly recognized in the United States Constitution, treaties, statutes, and executive orders. Fundamental to this relationship is the coordination, collaboration, and consent in the development of policies that affect Indian Country that can only take place through meaningful Tribal consultation. But what is considered “meaningful Tribal consultation?” Does the United States do enough to consult with Tribes?**

An essential component of Tribal consultation is education. Education not just on the policy being discussed, but education on the trust responsibility. Many federal officials don’t understand that Indians are not just racial entities but political entities, sovereign nations, with their own laws, culture, and constituents.

It is important to emphasize that Tribes are sovereign nations that have treaties and other contractual relationships with the United States, the federal government has a duty to provide services to Tribal members, to protect Tribal sovereignty, and to protect Tribal resources.<sup>1</sup> If federal officials are able to understand the trust responsibility and where it comes from, it opens up a more effective dialogue between Tribes and the federal government.

Over the last two decades, the federal government recognized that it hasn’t done enough to engage with Tribes on the United States’ policies and initiatives that impact Tribes. On November 6, 2000, President Clinton issued Executive Order 13175 that set forth clear definitions and frameworks for consultation, policymaking and accountability in order to support the following aims: (1) strengthen the government-to-government relationship between the United States and Indian Tribes (2) establish meaningful consultation with Tribal officials in the development of federal policies and (3) limit the number of unfunded mandates imposed on Indian Tribes.<sup>2</sup>

In 2009, President Obama issued an Executive Memorandum that called for the head of each federal agency to submit to the Director of the Office of Management and Budget (OMB), within 90 days, a “detailed plan of actions the agency will take to implement the policies and directives of Executive Order 13175.” Each action plan must be developed

<sup>1</sup> United States v. Kagama, 118 U.S. 375, 383-84 (1886)

<sup>2</sup> Federal Register, Executive Order 13175: Consultation and Coordination with Indian Tribal Governments, Vol.65, No.218, November 2000, <http://www.gpo.gov/fdsys/pkg/FR-2000-11-09/pdf/00-29003.pdf>.

through “consultation by the agency with Indian Tribes and Tribal officials as defined in Executive Order 13175.” Moreover, President Obama’s Executive Memorandum directs each agency head to submit annual progress reports, with updates on the status of each item listed in the agency’s action plan, as well as information on any proposed changes to its plan. What followed was an astonishing seventeen agencies that created or updated Tribal consultation policies. Many of these consultation policies also created Tribal advisory committees to assist the department in the development of policies and regulations that have an impact on Tribes.

These Tribal advisory committees provide opportunities for Tribal representatives to set priority issues and recommendations to federal officials and are an essential component of Tribal consultation. Tribal advisory committees play an important role in guiding the direction and development of federal policies and regulations by providing education on how these policies will impact their communities. However, it is important that Tribal officials be engaged prior to the government’s development of official regulations and policies. After-the-fact consultation is not meaningful because there is no dialogue or thoughtful back and forth discussion. Simply stating what the government is proposing and listening to Tribal concerns but doing nothing to address them, is not true consultation and is a failure of the trust responsibility. In fact, Executive Order 13175 recognizes this aspect and requires federal officials to consult with Tribal officials in the development of policies prior to publishing a proposed rule affecting Tribes.

Regulatory comments and the rulemaking process should not be considered a substitute for Tribal consultation because it is not specific to Tribes; it is open to the public, and does not give the comments and concerns of Tribes the political weight that they deserve; that is required by the trust responsibility. While this is not always the case, it does happen far too often as new federal policies are developed.

In response, the National Indian Health Board (NIHB) has developed a Tribal Consultation Workgroup within its Medicare, Medicaid, and Health Care Reform Policy Committee (MMPC) that will work with Tribes and Tribal organizations to track and hold federal agencies accountable to conduct meaningful Tribal consultation in the development of policies that affect the delivery of quality health care for American Indians and Alaska Natives. If you would like to be a part of this Workgroup, please contact NIHB’s Director of Federal Relations, Devin Delrow, at [ddelrow@nihb.org](mailto:ddelrow@nihb.org) 

# Special Diabetes Program for Indians Set to Expire September 30, 2017 – We Need Your Help!

The Special Diabetes Program for Indians (SDPI) has funded Tribal, Urban, and Indian Health Service (IHS) programs for 19 years and has been one of the nation's most successful efforts to combat diabetes in Indian Country. In fact, the program is so successful that Tribal communities are leading the way in Type 2 diabetes treatment and prevention nationwide.

The SDPI programs' contribution to a culture of health and wellness in Tribal communities is unparalleled. Since the inception of SDPI, American Indians and Alaska Natives (AI/AN) have seen a greater decline in end-stage renal disease than any other racial group, have seen declining A1c levels, declining "bad" cholesterol and lowering of blood pressures, thus reducing the risk of diabetes complications such as heart attacks and strokes. Increases in diabetes prevalence among adults are slowing and in youth, diabetes remains rare and prevalence is not increasing.

IHS "Special Diabetes Program for Indians 2014 Report to Congress, Changing the Course of Diabetes: Turning Hope Into Reality," is available at <https://www.ihs.gov/newsroom/reportstocongress/> and contains the most recent SDPI data and highlights the positive trends for AI/AN people. The report concludes that "In 1997, it appeared that the trajectory of the diabetes epidemic was on the course to devastate AI/AN people and their communities. Were it not for the SDPI, that future may have come to pass. Instead, there is a healthier reality emerging throughout AI/AN communities."

These successful outcomes have led Congress to renew this program year after year. It has been extended by Congress on a 1-2 year basis since 2009, when the last five-year re-authorization expired in 2008. SDPI will expire again on September 30, 2017, unless Congress acts. The current funding amount for SDPI, \$150 million/year, has not seen an increase since 2002. Calculating for inflation, this represents a 23 percent decrease in funding, thus straining community programs to do as much or more diabetes prevention and treatment work as they have been with less resources. The President's FY 2017 Budget Request asks for "permanent renewal" of SDPI at \$150million/year.

One voice affirming and empowering American Indian and Alaska Native People to protect and improve health and reduce health disparities.

– MISSION OF NATIONAL INDIAN HEALTH BOARD

Along with 30 other SDPI programs, the Tohono O'odham Nation's SDPI program staff presented at the 7th Annual Tribal Public Health Summit in Atlanta, GA in April 2016. They provide diabetes prevention and education, traditional food and physical fitness programs to Tribal members.



In keeping with the National Indian Health Board's mission "One voice affirming and empowering American Indian and Alaska Native People to protect and improve health and reduce health disparities," NIHB is actively seeking input on what the Tribes should be asking Congress for next year. We welcome any feedback you might have.

Right now, NIHB is working with its partners at the American Diabetes Association and Juvenile Diabetes Research Foundation to urge members of Congress to sign onto a letter in support of the program. In 2013, 75 percent of the House of Representatives and Senate signed a support letter for SDPI. We hope to exceed this goal for 2016.

We urge you to contact your Senators and Representatives to ask them to sign this important letter. It is critical that we continue to share our success stories with Congress but also demonstrate the continued need for this life-saving program in Indian Country. You can learn more at [www.nihb.org/sdpi](http://www.nihb.org/sdpi)

# Get Your #Selfie Covered: Affordable Care Act Outreach and Education for Native Youth

According to the Centers for Medicare and Medicaid (CMS), young adults have the highest rate of uninsured of any age group, with thirty percent of young adults in this country lacking health insurance coverage. Nearly half of uninsured young adults report problems paying medical bills. These factors are compounded by the fact that young adults often have some of the lowest rates of access to insurance through their employers and lower financial stability overall.

Youth in Indian Country face additional barriers to accessing quality health care. These are, but not limited to, accessing affordable health insurance, proximity to quality healthcare providers, and high rates of health issues that impact Indian Country and its Native youth greatly.

Having a quality health insurance plan is often the key to having healthcare access. This was made clear by the inclusion of the Individual Shared Responsibility Payment, a fee imposed on someone who doesn't have a health plan that qualifies as Minimum Essential Coverage (MEC)\*, as a key part of the Patient Protection and Affordable Care Act (ACA).

There are several key benefits and provisions that benefit American Indian and Alaska Natives directly that were established through the passage of the ACA. For instance, in reference to the Individual Shared Responsibility Payment, those who are members of a federally recognized Tribe or are Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholders, are eligible to apply for an exemption from the Individual Shared Responsibility Payment. However, the discussion around health coverage should not stop after an exemption is filed; the need and importance of having a health insurance plan still stands.

Here is where a fundamental breakdown of Tribal Healthcare Reform across Indian Country occurs.

The conversation around the importance of health insurance, how it works in the healthcare system, and ultimately what it can do for

consumers across all of Indian Country must continue. One of the main goals of outreach and education conducted by NIHB is targeting misunderstandings around what the Affordable Care Act (ACA) is and how this act works for American Indian and Alaska Native (AI/AN) individuals. In doing this work, we also acknowledge that there is often additional education to be done around the historical right to healthcare services for AI/AN's based on the Federal Trust Responsibilities and how these concepts work in the 21st century through Healthcare coverages and insurances. This education is best done in the community, tailored for specific audiences.

Focusing on Native youth with outreach and education is a very important part of tackling the barriers to Tribal healthcare reform. Many aspects of Tribal healthcare and the ACA relate to Native youth and young people specifically. Youth offer a unique role in bettering health for Indian Country now and well into their future. There are several key advantages to targeting the youth audience with this type of work:

- **Get the word out:** Youth are in a prime location to be spokes-people for their family, peers, and communities
- **Optimal learning:** Young adults are often willing to and have the ability to learn new material quickly and effectively
- **Untapped resources:** Youth can have passion and energy for a variety of subjects and causes
- **Creative solutions:** Youth can often give deep and meaningful insights, as well as creative problem solving content they are presented with
- **Lifelong lessons:** By reaching individuals early in their development, the knowledge

they attain can have a lasting effect

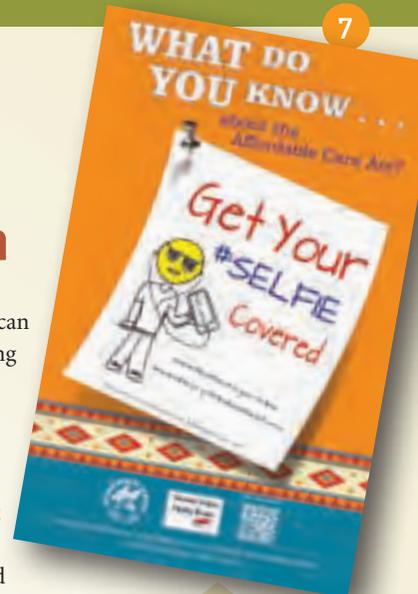
The Tribal Healthcare environment is always changing and expanding, so it is even more important that we focus more on our Native youth. Preparing them for today and tomorrow, with the right knowledge will lead to a healthier Indian Country.

This is why the Tribal Healthcare Reform Resource Center, a project of the National Indian Health Board, has begun a new series of efforts specifically for engaging Native youth. By empowering youth with the proper knowledge about how to protect their health beyond the resources formally provided to them, they not only benefit themselves, but they also become valuable advocates in their community for health care reform in Indian Country.

To begin this initiative NIHB, in partnership with the Indian Health Service, has created a short movie highlighting Native youth from all across Indian Country speaking on why the Affordable Care Act matters to them. NIHB is very excited to be debuting this film production officially for the first time at the 2016 National Tribal Nations Annual Health Conference in September 2016! In addition, this film production will be accompanied by several posters and a brochure, to form a toolkit which will focus on the ACA for Native youth. Pictured in this article is one of two posters recently released, "What Do You Know" about the Affordable Care Act, which were created by Native youth directly who attended the 2015 Native Youth Health Summit.

Both the "for youth by youth" IHS poster or the ACA Youth Toolkit are free for distribution for use throughout Indian Country, please contact Chawin 'Win' Reilly at [wreilly@nihb.org](mailto:wreilly@nihb.org)

To learn more, go to [www.healthcare.gov](http://www.healthcare.gov)



One time poster production in partnership with Native Youth and IHS "What Do You Know About the ACA?" For free copies to distribute, please contact Chawin 'Win' Reilly at [Wreilly@nihb.org](mailto:Wreilly@nihb.org).



Taylor Moya of the Ohkay Owingeh Pueblo Tribe talks with NIHB staffer Chawin 'Win' Reilly about the Affordable Care Act for Native youth.



Enrollment assister enrolling family into Medicaid from Nome, Alaska

#### TRIBAL HEALTH REFORM

## Best Practices for Enrollment Into the Medicaid and CHIP Programs

Over the past year the National Indian Health Board (NIHB) Tribal Health Reform's Outreach and Education Department traveled throughout Indian Country to assist with enrolling American Indians & Alaska Natives (AI/AN) into numerous forms of affordable medical insurance at a variety of Indian Health Service (IHS), Tribes, Tribal organizations and Urban Indian organizations (I/T/U). NIHB also played a part in helping enrollment assisters at the Tribal Day of Action and Urban Day of Action events held throughout Indian Country this last open enrollment period in partnership with IHS and the U.S. Department of Health and Human Services (HHS).

However, the work of outreach and education is not limited to these periods. Every day, enrollment assistors throughout Indian Country are enrolling their Tribal members into Medicaid or the Children's Health Insurance Program (CHIP). I/T/U organizations play a crucial role with enrolling AI/ANs since Tribal members receive their medical services at these facilities. Medicaid covers children, pregnant women, parents, seniors and individuals with disabilities. CHIP offers low-cost health coverage to

children up to age 19 years old in families that are not eligible for Medicaid because their parents earn too much money to qualify for Medicaid.

American Indians and Alaska Natives have special protections within the American Recovery and Reinvestment Act (ARRA) of 2009. ARRA provides certain protections for AI/ANs who are in enrolled in Medicaid or CHIP including exemptions for premiums or enrollment fees. Also, if AI/ANs receive

care from an Indian health care provider or through a referral to a non-Indian provider, they do not have to pay any cost sharing, such as deductibles, co-insurance, or co-payments.

Outreach and Education in your community is important. In order to have an effective enrollment and retention of qualified AI/ANs in Medicaid or CHIP programs, it is essential to create events that are tailored to the local community.

**HERE ARE SOME IDEAS OF HOW TO IMPLEMENT A BEST PRACTICE TO ENROLLING AMERICAN INDIAN AND ALASKA NATIVES INTO MEDICAID AND CHIP PROGRAMS. WHEN THINKING ABOUT ENROLLMENT IN MEDICAID AND CHIP, CONSIDER THE WHO, WHAT, WHERE, WHY AND WHEN OF THE BEST PRACTICES FOR ENROLLMENT!**

**1. Who can enroll into Medicaid and CHIP programs?**

When we start thinking about enrolling Tribal members in Medicaid and CHIP programs, we have to understand who will be applying for and using these services.

- Children
- Single Mothers
- Pregnant women
- Low income families
- Childless Adults (Expanded)
- Seniors
- Disabilities
- At Risk Individuals

**2. What will this audience gain?**

Provide information to Tribal members of what Medicaid and CHIP will cover for them, examples of the health benefits:

- Preventative screenings
- Office visits
- Outpatient hospital care
- Inpatient hospital care
- Laboratory X-ray services
- Prescription
- Emergency services
- Transportation to medical care

Outline the services and benefits in terms that they will understand. For instance, if you are interacting with a single mother, inform them of the free dental services

now provided under CHIP for their children and how they may redeem this service.

**3. Where can we reach them?**

- Health Centers such as Indian Health Service, Tribal clinics or urban health facilities
- Schools
- Senior Citizens Centers
- Community events
- Tribal meetings

**4. Why should these Tribal members care about enrolling into Medicaid and CHIP?**

- Inform Tribal members that Medicaid and CHIP counts as being insured therefore they meet the minimum essential coverage requirement as set by the Affordable Care Act.
- Continue to receive services from your Indian health care providers
- Faster referral process when referred out to a specialty medical provider
- No premiums
- Exempt from Medicaid and CHIP cost sharing if receiving services directly from IHS or Tribally operated facility
- Brings third-party resources into your tribal community, which improves healthcare for everyone

**5. When do we try to reach out?**

- AI/ANs can enroll or renew their Medicaid and CHIP application at any time in the year so there is no open enrollment
- Talk to Tribal leaders and individuals who have influence on the community members
- Create a connection with internal front end staff to give notices to patients who need to apply or renew their Medicaid and CHIP application
- Send letters or postcards to patients
- Reach out personally by calling patients to remind them to apply or reapply and explain you're available to assist them with the application process

Remember each state runs its own version of Medicaid with different procedures and coverage. Find out exactly how Medicaid and CHIP programs operate in your state.

The Tribal Healthcare Reform Resource Center has Outreach and Education materials available on its website. For more information go to: [www.nihb.org/tribalhealthreform/outreach-and-educational-materials](http://www.nihb.org/tribalhealthreform/outreach-and-educational-materials). 📄

Tribal Day of Action at Alaska Native Tribe Health Consortium.



Tribal Day of Action in Rapid City, South Dakota.



Tribal leaders from the Standing Rock Sioux, Cheyenne River Sioux and the Turtle Mountain Band of Chippewa Indians speak to Senator Heitkamp and Senator Hoeven following the emotional and solutions-based field hearing on “Addressing Trauma and Mental Health Challenges in Indian Country” in Bismarck, ND.



## PUBLIC HEALTH

# Understanding Trauma-Informed Care and Working to Improve Access in Indian Country

**Across the spectrum of healthcare and public health, the concept of trauma-informed care has emerged as a powerful, effective and holistic model. Broadly speaking, it is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a “... program, organization or system that: realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and other involved with the system; responds by fully integrating knowledge into policies, procedures, and practices; and seeks to actively resist re-traumatization by exposing individuals to triggers without providing the proper support and sensitivity.”**

It is an approach towards providing quality, informed care that is empathetic and inclusive of the social determinants of health that affect an individual’s or community’s welfare. These can include adverse childhood experiences, poverty, experiences of violence, emotional abuse or neglect, discrimination, historical trauma, and intergenerational grief.

Trauma-informed care has pressing implications for health outcomes in Indian Country, with proven benefits that continue to reshape how healthcare is delivered by and to American Indians and Alaska Natives (AI/ANs). Practicing trauma-informed care for AI/AN communities requires cognizance of the adverse historical experiences that continue to have repercussions in the present, while being driven to improve health outcomes through community-led and culturally competent solutions that embrace and celebrate AI/AN traditions and pay special attention to eliminating health disparities.

The National Indian Health Board (NIHB) has played an active role in this burgeoning movement through our various behavioral health programs, and through our advocacy for, and analysis of, federal and congressional policies that emphasize improving the quality of healthcare delivery through trauma-informed practices. NIHB staff recently participated in a special roundtable hosted by the Council on Native American Trauma-Informed Initiative in conjunction with Senator Heidi Heitkamp (D-ND). The event focused on “Addressing Trauma

and Mental Health Challenges in Indian Country.” NIHB looks forward to discussing strategies to overcoming barriers in access to trauma-informed care, while providing input and expertise on potential solutions in conjunction with our Tribal partners.

Recent events such as the poor conditions facing AI/AN patients at Indian Health Service (IHS) hospitals in the Great Plains have galvanized major stakeholders across all of Indian Country to rethink how quality care is delivered to AI/AN communities. These efforts have been supported by recent congressional hearings, focus groups and interventions that are not only trying to bring broader awareness to disparities in the quality of healthcare received in Indian Country, but to also employ community-based solutions that integrate the principles of trauma-informed care.

NIHB staff members attended the IHS National AI/AN Behavioral Health Conference in Portland, Oregon on August 9th, which featured a listening session from the Intradepartmental Council on Native American Affairs (ICNAA). Secretary Burwell of the US Department of Health and Human Services (HHS) has tasked the ICNAA with developing a comprehensive policy to address the effects of complex trauma in AI/AN communities. NIHB looks forward to working with our Tribal and federal partners and will continue to push recommendations made during the HHS 18th Annual Tribal Budget and Policy Consultation regarding increasing access to trauma-informed health improvement programs for residents of Indian Country. 🏠

Senator Heidi Heitkamp (D-ND) addresses a Congressional Briefing on the Science of Trauma on July 14, 2016. During the briefing Senator Heitkamp discussed the systematic genocide of American Indians and Alaska Natives, noting that 30 percent of Native American kids suffer post-traumatic stress that rivals Iraqi War veterans.



# National Tribal Public Health Institute

The National Indian Health Board (NIHB) is exploring the possibility of creating a National Tribal Public Health Institute (TPHI). The National Tribal Public Health Institute will be the Tribal counterpart to other public health institutes, which work towards improving public health outcomes by fostering innovation, leveraging resources, and partnering with government agencies, communities, the health care delivery system, media, and academia.

No simple feat, NIHB has developed a National TPHI Workgroup who will assist us with examining other public health institute models, their governance structures, funding, parameters of work, and partners. We also will examine how Tribal Epi-Centers work, the services they provide and any gaps in the current system. Additionally, the group will explore specifics about what a National TPHI might look like, what it might do and how it could best serve the Tribes in a manner appropriate for a national organization. Finally, the workgroup will examine current funding available to mainstream public health entities and how NIHB and its member organizations can work together to create health funding equity for Indian Country.

### Why should a National TPHI be housed at NIHB?

NIHB was created by the Tribes over 40 years ago to advocate for improved health for our people. NIHB is the only national organization of its kind, serving all federally recognized Tribes and advocates on all issues related to health and public health in Indian Country. Along with many other services, NIHB provides policy analysis and real time communications to Tribes throughout Indian Country. It does this work in partnership with its members (the Area Indian Health Boards), and directly with Tribes. NIHB has demonstrated a breadth of knowledge across both programmatic and policy approaches to public health, and a reach into Indian Country that is unduplicated. NIHB can be a representative public health workhorse for Tribes.

### What is Indian Country Saying?

“We have been monitoring the discussion of a Tribal Public Health Institute (TPHI) for some time now, and certainly support Tribal Nations having a voice in their own data gathering methodology, use of data, ownership of data and telling their own health story for advocacy” - Jenifer Shield Chief Gover, Executive Director, Southern Plains Tribal Health Board

### What’s next?

Guided by the National TPHI Workgroup, NIHB is currently undergoing a gap analysis to determine what gaps this national entity could address that are not filled by regional health bodies. This analysis will provide a better understanding of the niches that a national TPHI could fill while avoiding competing with the Tribes and Tribal organizations we serve. 🏠

# Health Equity in Indian Country – Public Health is the Key

A man and woman are at the mouth of a river fishing for salmon when they see a distressed Tribal member in the water. They are able to reach the woman in time and pull her to safety, just in time to see yet another person floating down the river, and another. After several hours of pulling children, women and men from the river, they become exhausted. Wondering why so many of their people are in need of rescuing, they think, “We need to go upstream and find out why so many people are falling in the river.” When they make it upstream they find that people are falling into the river after getting too close to the edge to look at a dam. They see that there is no barrier to protect the community from falling into the water. The Tribal members take this issue to Tribal leaders and advocate for a guardrail to protect their loved ones. Convinced by the number of accidents, Tribal leaders agree. While some still fall after the guardrail is installed, there are much fewer accidents.

The Tribal members, thinking about walking upstream to find the root of the problem, are practicing public health. Public health focuses on the health and well-being of the entire population and takes into account various social determinants of health such as social (gender, race, sexual orientation), economic (employment and education), environmental (geography, living conditions, water and sanitation and work environment) and structural (health care services, economic systems and policies and governing systems and policies).

Addressing the gaps that exist in the social determinants of health leads to health equity, or the valuing of everyone equally with focused and ongoing societal efforts to address avoidable inequalities and injustices. Achieving health equity is not new to Tribal communities, it’s going back to the way our ancestors lived – sustainably and taking care of everyone.

No simple feat – it takes the entire community to achieve health equity. This work cannot be done in silos. Health, public health, education, housing, community development, emergency response, public safety and many others all must come together to improve the health and well-being of the community. It takes identifying gaps in health outcomes, assessing the root cause(s) of those disparities, and an examination and (re)distribution of available resources.

NIHB continues to invest in health equity and in the coming months will undertake a national survey of public health infrastructure, and conduct an environmental scan of health equity work currently underway in Indian Country. We hope that this work will inform Tribal efforts to create health equity goals within their own strategic plans for health. Let NIHB know how we can help with local efforts to support health equity and strategic planning. 🏠



Poarch Creek Diabetes Program staff preparing for the quarterly Community Diabetes Support Group.



## SDPI SPOTLIGHT: Poarch Creek Indian Community

The Poarch Creek Indian Community Diabetes Program has touched the lives of many Tribal members with diabetes and their families in Atmore, Alabama, and the dedicated program staff making it happen are using humor and support groups to do it! The diabetes program is largely funded through a two-decade long funding stream, the Special Diabetes Program for Indians (SDPI) that was initially funded by Congress in 1997 as a response to the epidemic levels of Type 2 diabetes in American Indian and Alaska Natives.

This consistent funding stream from SDPI has allowed the Poarch Creek Indian Community, and hundreds of other diabetes treatment and prevention programs around Indian Country, to provide much needed diabetes services to Tribal members for 19 years. Through engaging education, safe spaces for physical activity, and accessible treatment services, diabetes is being prevented and managed in this Tribal community.

### Support in Numbers

One of the methods the Poarch Creek diabetes program utilizes to meet the needs of their community, is hosting a quarterly community diabetes support group (CDSG). The support group began with just four (4) members and is now averaging 35 community members per meeting. The CDSG members share experiences and support each other in efforts to make life changes due to the diagnosis of diabetes. The group measures their successes by accomplishment of the individual goals they set with one another, such as a losing a set percentage of weight, or increasing daily intake of vegetables. CDSG members spread the word

about guest speakers to the entire community, which instills interest about topics such as living with cancer as a diabetic, reading food labels, and the dangers of choosing sugar-free foods without reading nutrition labels.

### It's Funny You Should Ask...

The Poarch Creek Indians Diabetes Self-Management Education program currently employs two full time certified diabetes educators and a full time health educator. The goal of the program is to provide quality diabetes education to all Tribal people affected by this invasive disease. The team strives to remove any identified barriers to education classes to assist people to be able to self-manage their disease process.

Program staff also turn to humor as a source of engaging diabetes education. The team has made their own costumes to wear when giving certain educational presentations. As Donna Johnson, the program coordinator, says, "We made the costumes to emphasize the importance of checking blood glucose and taking medications. The use of humor allows people



with diabetes to feel more relaxed and at ease while learning complex self-management concepts. Incorporating humor into our classes helps put everyone on an even playing field, regardless of knowledge base and shows that while the materials may be serious; that we can learn and educate in a non-threatening environment." The diabetes program has also had great success in prevention classes in local schools and youth-based settings because of their out-of-the-box costumes!

The SDPI is reauthorized at \$150 million for diabetes treatment and prevention Community-Directed grants through September 30, 2017. In order to ensure this important work continues, the National Indian Health Board and Tribes are requesting Congress to renew this critical program long-term. With long-term funding, SDPI programs could expand their reach, strategically plan program activities, and have greater success recruiting and retaining staff to continue preventive services. We urge you to take up the call to action with us! Please consider inviting your Member of Congress to visit your SDPI program or arrange a meeting to tell them about the importance of sustainable funding for health services. For tools and resources about Congressional outreach, please visit [www.nihb.org/sdpi](http://www.nihb.org/sdpi) 📄

aimed at addressing some of the structural reforms at IHS. H.R. 5406, the Helping Ensure Accountability, Leadership, and Trust in Tribal Healthcare Act (HEALTH Act) introduced by Congresswoman Kristi Noem (R-SD) and S. 2953, the IHS Accountability Act of 2016, introduced by Senator John Barasso (R-WY), reflect input from Tribes and other stakeholders that will address these critical issues at IHS. The spirit and intent of the legislation is clearly aimed at responding to the call of Tribal leaders, patients and the families of those who have had adverse experiences within the IHS system – many of whom have shared their stories with lawmakers and IHS leadership.

At the time of this writing, H.R. 5406 takes many suggestions from Tribes including allowing those with health administration degrees to qualify for loan reimbursement at IHS; and requiring IHS to develop and implement cultural training programs for all employees. The legislation would also create a pilot project where three direct-service IHS hospitals will be fully contracted to a private sector health care company and a governance structure will be created and implemented, all in coordination with the Tribe(s) served by the facility. Other reforms include streamlining the hiring process as well as disciplinary measures for poor-performing employees. You can read a summary of H.R. 5406 at [www.noem.house.gov/ihs](http://www.noem.house.gov/ihs)

S. 2953 also aims to reform several critical areas of the IHS. For example, it requires HHS investigations for suspicious patient deaths at IHS; provides increased accountability on budgetary matters for IHS; and protects IHS whistleblower employees. It also requires the creation of Government Accountability office report of the housing needs of IHS employees on reservations. Additionally, the legislation aims to improve recruitment and retention of medical staff by establishing a performance-based bonus system and pay scale competitive with private employers. You can read a summary

of S. 2953 at <http://www.indian.senate.gov/news/press-release/barrasso-and-thune-introduce-bill-reform-indian-health-service>

NIHB had the opportunity to testify on behalf of both of these bills this summer. At both hearings, NIHB stressed the need for continued Tribal consultation on this legislation, as both bills have provisions that are not perfect. NIHB's comments also focused on improving IHS' ability to recruit and retain qualified, culturally competent health professionals and additional training in Tribal communities to improve health and medical literacy. Importantly, NIHB emphasized the need to fully fund the IHS, which currently receives only about half of the funds it needs to operate from Congress.

NIHB will continue to work with Tribes, Congress and others on this legislation in the coming months. We are actively seeking comments and suggestions from Indian Country. To submit your suggestions, please visit: [http://nihb.org/legislative/tools\\_and\\_resources.php](http://nihb.org/legislative/tools_and_resources.php) 📧



NIHB Executive Director Stacy A. Bohlen (far right) testifies before the House Natural Resources Committee on July 12, 2016.





During the Obama Administration, Tribes made important gains, including the permanent reauthorization of the Indian Health Care Improvement Act and a recommitment to the federal government's responsibility to conduct meaningful Tribal consultation. It is crucial that Tribes sustain this progress and continue work to advance it with the next administration. This fall, NIHB will facilitate input focused discussions with Tribal governments and Tribal organizations on high level health care policy achievements to lay out a strategic plan for the next Administration. With this plan, NIHB will assist Tribal leaders in educating the leadership of the next administration on the infrastructure of the Indian Health Service (IHS), Tribal health care system, and Urban Indian health (I/T/U) system, as well as key health care positions and roles for the next Administration.

Some priorities to consider will be the appointment of key senior health care personnel, creative new policies to address gaps in the delivery of quality health care, and new methods for meaningful Tribal engagement through Tribal consultation. In addition, within the first 100 days of the new Administration, NIHB will recommend that the President conduct Tribal consultation with Tribal leaders to appoint a Director

for IHS, to ensure that current health care programs continue without interruption. The Administration must also ensure that collaboration takes place between the IHS and other Federal departments and agencies such as the Centers for Medicare and Medicaid Services (CMS) and the Department of Veterans Affairs. It is also important that key Tribal advisory committees, like the Secretary's Tribal Advisory Committee (STAC), Direct Service Tribes Advisory Committee (DSTAC), and Tribal Self-Governance Advisory Committee (TSGAC) are sustained and strengthened during the next administration.

#### **NIHB welcomes input from Tribal governments and Tribal organizations on questions such as:**

- What recent health care issues have been successfully achieved with government-to-government meaningful Tribal consultation?
- What was effective about that Tribal consultation?
- What are the health care priority issues for your Tribal government or Tribal organization that you would like carried forward to the next Administration?

- Specific to Federal departments and agencies, are there any policy recommendations to support cross-agency collaboration and coordination, or input to the White House Council on Native American Affairs?

- Are there new positions that you would like see created in the federal government?

- With regards to Indian Health Care, what would you like to see the administration accomplish within the first 100 days?

- What are some long-term goals for the next administration?

NIHB will be working closely with Tribal governments and Tribal organizations to formulate a plan for the next Administration. To assist in the development of this Administration Transition Plan, NIHB will be utilizing its Medicare, Medicaid, and Health Care Reform Policy Committee (MMPC)'s Tribal Consultation Workgroup.

Please contact NIHB's Policy Associate, Sarah Freeman at [sfreeman@nihb.org](mailto:sfreeman@nihb.org) or (202) 507-4077 to participate in the creation of the Administration Transition Plan or if you would like to provide responses to the questions above. 📧

# Upcoming Events

**National Indian Health Board 2016  
National Tribal Health Conference  
(33rd Annual Consumer Conference)  
September 19-22, 2016**  
Scottsdale, AZ

**Tribal Leaders Diabetes Committee  
September 22-23, 2016**  
Scottsdale, AZ

**2016 White House Tribal Nations  
Conference  
September 26, 2016**  
Washington, DC

**IHS Tribal Premium Sponsorship  
Consultation  
October 4, 2016**  
3:00 pm - 4:00 pm ET  
Teleconference

**IHS Community Health Aid Program  
(CHAP) Extension Draft Policy  
Statement Tribal Consultation  
October 4, 2016**  
3:00 pm - 4:30 pm ET  
Teleconference

**Tribal Public Health Accreditation  
Advisory Board (TPHAAB) Meeting  
October 5, 2016**  
Salt Lake City, UT

**Medicare, Medicaid, and Health Care  
Reform Policy Committee (MMPC)  
October 5, 2016**  
2:00 pm - 4:00 pm ET  
Teleconference

**National Indian Education Association  
National Convention  
October 5-7, 2016**  
Reno, NV

**National Congress of American  
Indians 73rd Annual Convention &  
Marketplace  
October 9 - 14, 2016**  
Phoenix, AZ

**CMS Tribal Technical Advisory Group  
October 12, 2016**  
2:30 pm - 4:00 pm ET  
Teleconference

**IHS CHEF Tribal Consultation  
October 24, 2016**  
1:00 pm - 2:00 pm ET  
Teleconference

**Tribal Self-Governance Advisory  
Committee Meeting: Quarter 4  
October 25-27, 2016**  
Washington, DC

**Medicare, Medicaid, and Health Care  
Reform Policy Committee (MMPC)  
Meeting  
November 2, 2016**  
Washington D.C.

**CMS Tribal Technical Advisory Group  
Meeting  
November 3-4, 2016**  
Washington D.C.

**IHS Direct Service Tribes Advisory  
Committee Meeting: Quarter 4  
November 16-17, 2016**  
Albuquerque, NM

**HHS Secretary's Tribal Advisory  
Committee Meeting  
December 6-7, 2016**  
Washington, DC

**Medicare, Medicaid, and Health Care  
Reform Policy Committee (MMPC)  
December 7, 2016**  
2:00 pm - 4:00 pm ET  
Teleconference

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