

# HEALTH EQUITY IN INDIAN COUNTRY

Rethinking How CMS Approaches Health Equity for  
American Indians and Alaska Natives

National Indian  
Health Board



# 3 TRIBAL HEALTH EQUITY EVENTS IN 2022

## May: Inter-Tribal World Café on Health Equity

- Foundations of Health Equity in Indian Country
- Key Drivers of health inequities for AI/AN

## August: National Tribal Health Equity Summit

- What does health equity mean from a Tribal perspective?
- How do we advance health equity in Indian Country?

## September: CMS Listening Session

- Specific feedback on the CMS Framework for Health Equity
- Rethinking how CMS approaches health equity for AI/AN



# CMS Framework for Health Equity 2022–2032





# TRIBAL REACTIONS TO THE CMS FRAMEWORK

- Introducing a “Health Equity Framework” was a huge step forward
- These priorities are important
- Tribes still feel excluded
- The elements most essential to achieving health equity in Indian Country are missing
- A mindset shift is required – a different way to think about health equity



What does health equity mean to you?  
(Participant responses)

# ESSENTIAL ELEMENTS WERE MISSING FROM THE FRAMEWORK

Tribal  
sovereignty

Federal trust  
responsibility

Justice

Accountability

Strengths,  
assets, and  
resilience

Unique legal  
and political  
status

Tribal  
visibility

Self-  
determination

Unique Indian  
health system



# KEY QUESTIONS

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“How do we create the conditions for equity for Indigenous peoples? Equity, for me, is fundamentally about justice. So we might ask: What does a just system for health look like for Indigenous peoples? How do we create the conditions for just systems to thrive?”

– Tribal Health Equity Summit Participant

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Why are these inequities happening?

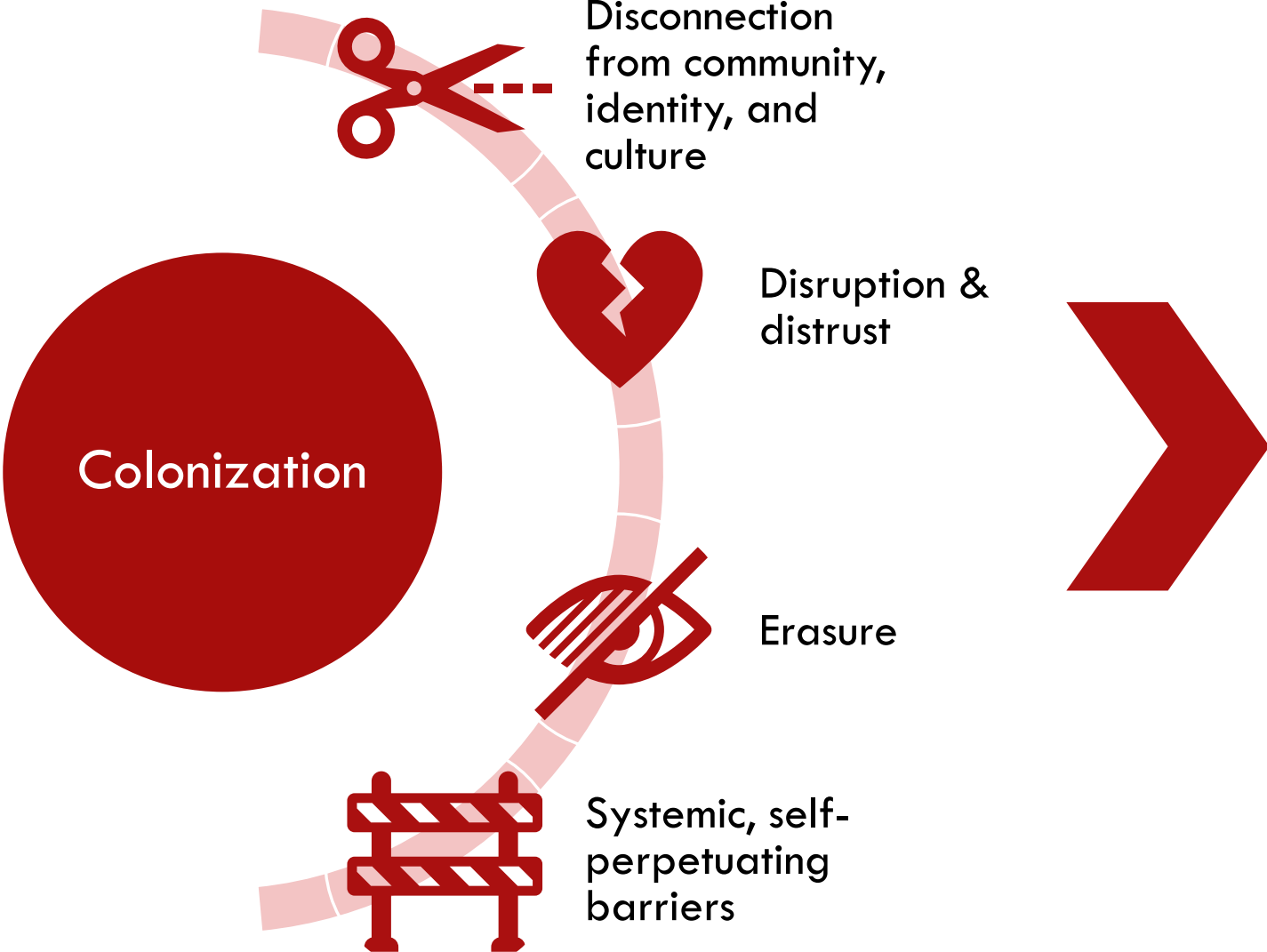
Why have previous efforts to address health disparities fallen short?

What is unique about working toward health equity in Indian Country?

What role can CMS play in advancing health equity for American Indians and Alaska Natives?



# WHY ARE THESE INEQUITIES HAPPENING?



Inequities in health outcomes for American Indians and Alaska Natives:

AI/AN life expectancy is now **11 years less** than for the general American population





The background features a stylized landscape with rolling hills in shades of orange and red, set against a teal background. There are several blue and brown plants scattered across the scene. The text is centered in the upper half of the image.

# A PATH TO HEALTH EQUITY

for American Indians  
and Alaska Natives

9 Fundamental Priorities




# CENTER TRIBAL SOVEREIGNTY AND THE NATION-TO-NATION RELATIONSHIP

- Respecting and upholding Tribal sovereignty must come first and foremost in any health equity work in Indian Country.
- Federal health equity initiatives must flow through the appropriate diplomatic channels that respect the authority of Tribal governments.

## Recommendations

- ❑ Always approach health equity from the perspective of Tribal sovereignty and the nation-to-nation relationship.
- ❑ Change structures and systems to allow Tribes to work directly with the federal government and not through states.
- ❑ Provide training on Tribal sovereignty and the federal trust responsibility.
- ❑ Pay careful attention to language: “American Indian and Alaska Native” is a political status, not a racial group (e.g. some federal agencies have started using the phrase “...racial and ethnic minorities and American Indians and Alaska Natives”).




# 2

## PRIORITIZE FULFILLMENT OF THE FEDERAL TRUST RESPONSIBILITY

- Dedication to fulfilling the trust responsibility advances health equity.
- This obligation to ensure the health and wellbeing of AI/ANs extends across all federal agencies, including CMS

### **Recommendations**

- Implement the CMS TTAG policy recommendations.
- Hold states accountable.
- Institute uniform Medicaid eligibility & benefits for AI/ANs.
- Make the Health Equity Framework actionable and build in accountability



# RECOGNIZE THAT TRIBES HOLD THE ANSWERS TO TRIBAL HEALTH EQUITY.

## 3

- Connection to community and culture is among the most powerful drivers for good health and resilience for AI/AN people.
- Health equity requires a strengths-based approach.

### **Recommendations**

- Recognize that Tribes and Tribal programs have the knowledge, expertise, and authority to design and deliver services in ways best suited for their people, building on cultural strengths and traditions.
- Expand flexibility in CMS programs.
- Framework priorities should include identifying, utilizing, and cultivating the health assets and strengths of communities and individuals.



# 4

## SUPPORT TRIBAL INSTITUTIONS

- A strong Indian healthcare system is necessary to achieve health equity for AI/AN.
- Longstanding inequities in funding, resources, systems, and structures related to the Indian health system have contributed to the inequities in health outcomes.
- CMS policies that effectively support population health in most contexts may become detrimental within the special circumstances of the Indian health system.

### Recommendations

- Listen to recommendations from the TTAG and Indian healthcare providers to understand how CMS polices and programs interact with the Indian health system, and how they can better serve AI/AN.

# 5

## DISRUPT STRUCTURES OF INEQUITY AND SHIFT THE BALANCE OF POWER

- Colonization built structures of power that excluded and disadvantaged Tribes.
- Undoing centuries of harm to AI/ANs requires dedication to rebuilding relationships and trust among governments and purposeful inclusion of Tribes in decision-making.

### **Recommendations**

- Prioritize timely, meaningful Tribal consultation & ensure states' Tribal consultations on CMS programs are timely & meaningful.
- Fully train staff on Tribal consultation, especially how to identify when it is needed.
- Incentivize state Medicaid agencies to work with Tribal liaisons and Indian health advisory boards to improve collaboration with Tribes.
- Expand opportunities for Tribal self-governance in CMS programs.
- Acknowledge the federal government's role in creating the health inequities AI/AN people are experiencing.

# INCREASE VISIBILITY OF AMERICAN INDIANS & ALASKA NATIVES

- Colonization aimed to erase AI/AN peoples and cultures.
- As long as AI/ANs continue to be unseen, the inequities will continue.
- Federal agencies like CMS must take active measures to ensure AI/AN people and Tribes are visible in two critical arenas: policy creation and data.

## Recommendations

- Include Tribes in every step of policy creation.
- Improve data standards, systems, and practices to ensure AI/AN are fully represented.
- Respect Tribal sovereignty in data practices.







# HEAL BACKWARDS AND FORWARDS

## 7

If we are to achieve health equity, we must both address the roots of inequities from far in the past, as well as work to ensure our efforts today will benefit the health and wellbeing of AI/AN people seven generations in the future.

### **Recommendations**

- Make an explicit effort to address systemic racism in CMS policies and operations – including in programs run through states.
- Provide training to CMS staff and program partners on the ongoing impact of historical and intergenerational trauma in Tribal communities.
- Ensure services are trauma-informed and culturally appropriate.
- Recognize the historical, political, legal, and cultural context of health inequities and the communities experiencing them.
- Focus on systemic changes that will improve health and wellbeing for the next seven generations.

# FOCUS ON RELATIONSHIPS AND CONNECTEDNESS

- Health equity is complex and requires a broad vision and a holistic approach.
- Social Determinants of Health look different from a Tribal perspective.
- Strong relationships are key to advancing health equity.

## **Recommendations**

- Recognize Tribal perspectives of social determinants of health & address these determinants in culturally relevant ways.
- Foster strong relationships with Tribes and Indian health care providers.
- Work with sister agencies and the CMS Division of Tribal Affairs.
- Expand collaboration of various CMS programs with CMS TTAG.
- Support integration of behavioral and physical health services.

# HONOR INDIGENOUS KNOWLEDGE

## 9

- Indigenous knowledge holds tremendous value in insight, perspective, and understandings of health and healing.
- Indigenous knowledge represents a critical part of connection to culture and is essential for healing individuals and communities.

### **Recommendations**

- Reimburse for traditional healing services.
- Set a standard for cultural humility across CMS programs and staff.
- Embrace "promising practices" alongside "evidence-based practices."
- Support providers with culturally specific training.



# PROGRESS AT CMS

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## CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities



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[GO.CMS.GOV/RURALHEALTH](https://www.cms.gov/ruralhealth)



