Health Equity in Indian Country:

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

CARRIE FIELD, POLICY ANALYST,
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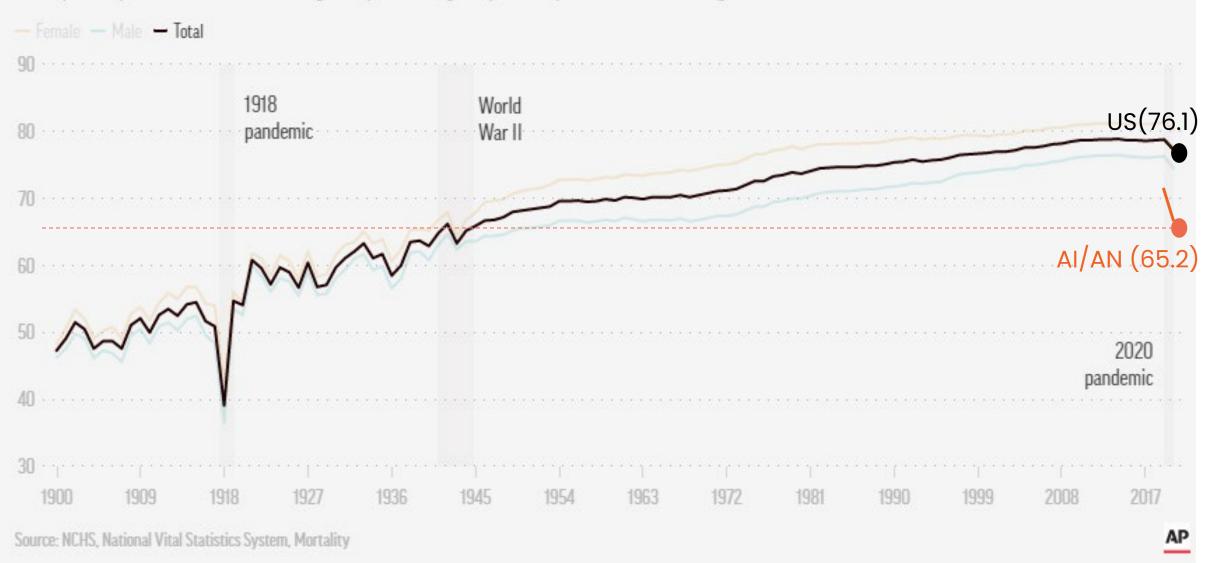


CONFERENCE

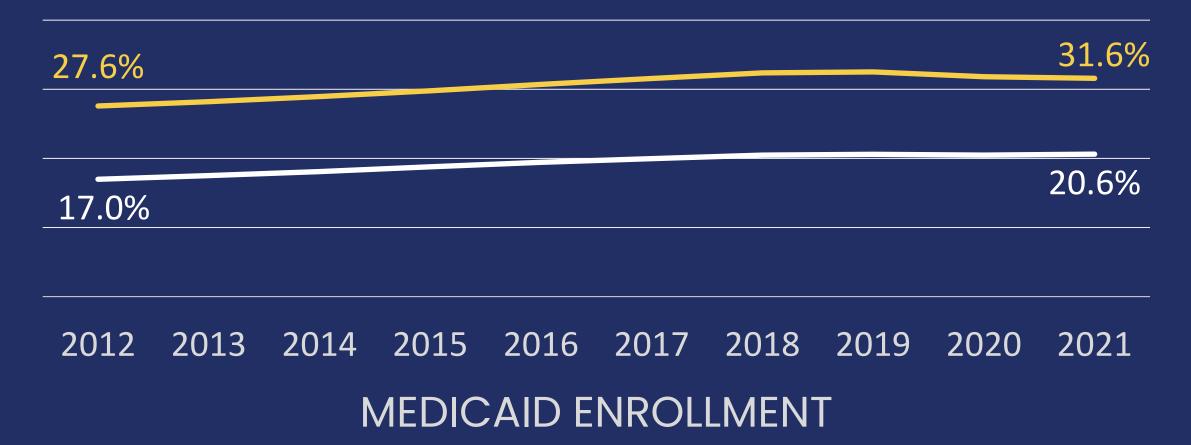


U.S. life expectancy

Life expectancy is a calculation of how long a baby born in a given year is expected to live on average.



American Indians/Alaska Natives are more likely than the overall US population to be enrolled in Medicaid.



Health equity is a priority at CMS...

"Health equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes."

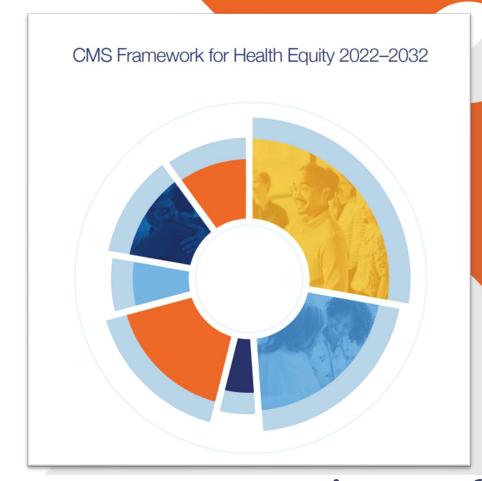
- CMS Definition of Health Equity



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- CMS Definition of Health Equity



...but dominant perspectives of health equity don't tell the whole story.

Priority 1:

Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2:

Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps

Priority 5:

Increase All Forms of Accessibility to Health Care Services and Coverage





CMS Framework for Health Equity Priorities



Priority 3:

Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

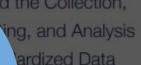


Priority 4:

Advance Language Access, Health Literacy, and the Provision

Priority 1:

and the Collection,



Strengths, assets, and resilience



Priority 2:

Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps

Accountability

Gaps in the Framework

CMS Framework for **Health Equity Priorities**

Priority 5:

Increase All Forms of Accessibility to Health Care Services and Coverage



Tribal visibility



Priority 3:

Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities





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Accountability

Gaps in the Framework

CMS Framework for Health Equity Priorities Selfdetermination

Priority 5:

Increase All Forms of Accessibility to Health Care Services and Coverage





Tribal visibility

Unique Indian health system



Federal trust responsibility

Priority 4:

Advance Language Access, Health Literacy, and the Provision

Priority 3:

Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

> Unique legal and political status

WHAT ABOUT TRIBAL PERSPECTIVES OF HEALTH EQUITY?

NIHB & CMS HOSTED 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

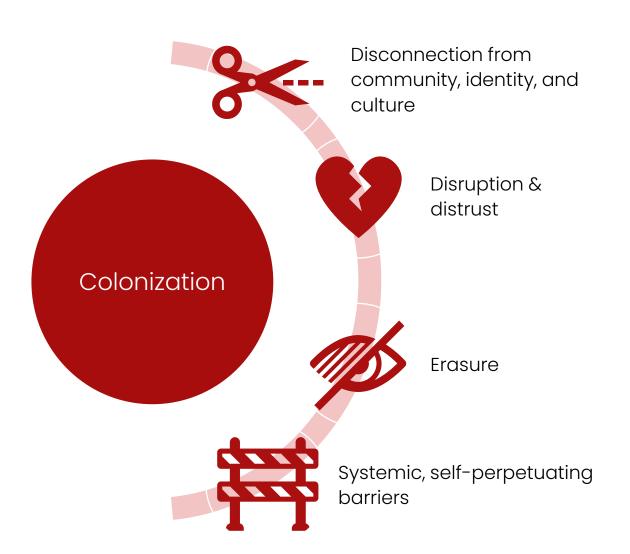
- What does health equity mean from a Tribal perspective?
- What is unique about working towards health equity in Indian Country?

September: CMS Listening Session

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

FINDINGS

KEY DRIVERS OF AI/AN HEALTH INEQUITIES



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

A PATH TO HEALTH EQUITY FOR AMERICAN INDIANS AND ALASKA NATIVES

9 ESSENTIAL 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.
- "American Indian and Alaska Native" is a political status, not a racial group.

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.

RECOGNIZE THAT TRIBES HOLD THE ANSWERS TO TRIBAL HEALTH EQUITY

- Connection to community and culture is among the most powerful drivers for good health and resilience for AI/AN people.
- 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.
- Health equity requires a strengths-based approach.
- Framework priorities should include identifying, utilizing, and cultivating the health assets and strengths of communities and individuals.

SUPPORT TRIBAL INSTITUTIONS

- A strong Indian healthcare system is necessary to achieve health equity for AI/ANs.
- 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.
- Listen to recommendations from the CMS Tribal Technical Advisory Group and Indian health care providers to understand how CMS polices and programs interact with the Indian health system, and how they can better serve AI/ANs.

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.
- Prioritize timely, meaningful Tribal consultation & ensure states' Tribal consultations on CMS programs are timely & meaningful.
- Expand opportunities for Tribal self-governance in CMS programs.

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.



HEAL BACKWARDS AND FORWARDS

- Make an explicit effort to address systemic racism in CMS policies and operations
 including in programs run through states.
- Address the ongoing harm of historical and intergenerational trauma in Tribal communities.
- 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 well-being 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.

HONOR INDIGENOUS KNOWLEDGE



- 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.
- Reimburse for traditional healing services.
- Set a standard for cultural humility across CMS programs and staff.



HEALTH EQUITY CAN'T WAIT.

"If you're going to address equity issues, you're going to have to deal with Indian people differently than you've done in the past. You're going to have to do something structurally different... You're going to have to treat Tribal governments, Tribal programs from a different standpoint."

- Listening Session Participant



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THANK YOU