

# **Administrative Simplification Workgroup**

**PHP Tribal CLAS Streamlining**

# Overview & Goals

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## ***Goals For This Training:***

- To increase American Indian access of the health system by increasing cultural sensitivity, awareness and humility of health care providers;
- To increase the confidence of health care providers in their ability to provide care that is culturally sensitive and responsive to the needs of their American Indian patients;
- To enhance the patient experience for American Indian population and promote health equity and improved clinical outcomes.

## ***Overview of Training Content:***

- Provide education around common terminology and definitions related to AI population.
- Provide a description of the AI population of North Carolina & identify the associated tribes.
- Identify barriers to treating AI population.
- Discuss effective outreach strategies.
- Present information on maintaining staff who practice cultural sensitivity, awareness and humility.

# Terminology & Definitions

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The terminology we use is significant and will impact building relationships. Many of us are used to hearing and using the term “Cultural Competency.” We have been asked to refrain from using the word ‘competency’, because American Indians believe that unless you were born a native, you will never be competent in their culture. We can, however, have cultural sensitivity, awareness and humility.

In NC, “**American Indian**” is the accepted term

- Official term used by the NC Commission of Indian Affairs
- Has roots in the American Indian Movement
- AI/AN (American Indian/Alaska Natives)

Terms vary based on preference.

- Other terms include: Native American, Native, Indian, Indigenous

Best practice is to ask an American Indian individual how they prefer to be addressed

- Most American Indian individuals will identify themselves by their tribe first.

*“As a general principle, an Indian is a person who is of some degree Indian blood and is recognized as an Indian by a Tribe and/or the United States. No single federal or tribal criterion establishes a person’s identity as an Indian. Government agencies use differing criteria to determine eligibility for programs and services. Tribes also have varying eligibility criteria for membership.”*

**–The United States Department of Justice**

# Terminology & Definitions (continued)

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- **AI/AN: [American Indian and Alaska Native](#):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- **EBCI: [Eastern Band of Cherokee Indians](#):** The only federally recognized tribe in North Carolina. See Tribal Option.
- **[Qualla Boundary](#):** Territory held as a land trust by the United States government for the federally recognized Eastern Band of Cherokee Indians, who reside in western North Carolina.
- **CIHA: [Cherokee Indian Hospital Authority](#):** A Tribal operated (638) state-of-the-art healthcare facility within a system of inpatient and outpatient resources across the Qualla Boundary and its outlying clinics.
- **IHCP: [Indian Health Care Provider](#):** A health care program operated by the Indian Health Service (IHS) or by an Indian Tribe (638), Tribal Organization, or Urban Indian Organization. IHCPs make up the Tribal health system.
- **[Purchase/Referred Care \(PRC\)](#):** IHS and tribal facilities are able to purchase services from private health care providers in situations where: 1) no IHS or tribal direct care facility exists; 2) the existing direct care element is incapable of providing required emergency and/or specialty care; 3) utilization in the direct care element exceeds existing staffing; and 4) supplementation of alternate resources (e.g., Medicare, Medicaid, or private insurance) is required to provide comprehensive health care to eligible AI/AN. Eligibility for PRC is determined by the IHCP.
- **[EBCI Tribal Option](#):** The first Indian Managed Care Entity (IMCE) in the nation. Is a managed care option for members of federally recognized Tribes and other individuals eligible to receive Indian Health Services in Cherokee, Haywood, Swain, Jackson, and Graham counties. The EBCI Tribal Option will manage the health care for North Carolina's approximate 4,000 Tribal Medicaid beneficiaries primarily in Cherokee, Graham, Haywood, Jackson and Swain counties. The program will have a strong focus on primary care, preventive health, chronic disease management and providing care management for high-need members.

# Tribal Recognition

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Tribes have their own government, with their own policies and laws. **Tribes are sovereign** – meaning they have the right to determine how they engage with other entities.

## Federal

- Recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the Bureau of Indian Affairs.
- Possess certain inherent rights of self-government (i.e., tribal sovereignty) and are entitled to receive certain federal benefits, services, and protections because of their special relationship with the United States.
- At present, there are 574 federally recognized American Indian and Alaska Native tribes and villages.
- Only one Federally-recognized tribe, Eastern Band of Cherokee Indians, which means the tribe has a government-to-government relationship with NC and the US. It is currently the only tribe eligible for federal programs, such as Indian Health Service (IHS). This tribe administers their own healthcare through the Cherokee Indian Hospital Authority (CIHA).
- Members of Federally recognized Tribes live all across the state of North Carolina. The members must be allowed to access care through an IHCP or another source that provides cultural sensitivity, awareness and humility in the care provided when an IHCP is inaccessible.

## State

- State recognized tribes are Indian tribes that are recognized by individual states for their various internal state government purposes.
- State recognition does not confer benefits under federal law unless federal law authorizes such benefits, as is the case for state recognized tribes under ANA's Native American Program Act (NAPA).
- Seven State-recognized tribes, which also means the tribe has a government-to-government relationship with NC and the US.
- The largest portion of tribe members would come from the seven State-recognized tribes, about 115,000 individuals in NC. Potential tribe members would access Medicaid services the same way as non-Native members. However, it is a population requiring special consideration.

# Tribes of North Carolina

- In NC, there are 8 tribal nations.
- There are also 4 Urban Indian Organizations\*
- NC has the highest Native population east of the Mississippi River and the 8<sup>th</sup> largest Native population in the nation.



\*These Urban Indian Organizations are not eligible to provide health care as an IHCP

# Tribal Population of North Carolina

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North Carolina currently has eight State-recognized tribes and one Federally-recognized tribe.

Over **130,000** American Indians live in NC (approximately 1.24% of the population). That number increases to **318,000** when including American Indian in combination with other races.

| Tribe Name  | Location                                       | Approximate Size |
|---|--|------------------|
| Lumbee Tribe of North Carolina                          | Robeson/Hoke/Scotland/Cumberland Counties      | 55,000           |
| Eastern Band of Cherokee Indians (Federally Recognized) | Cherokee/Graham/Jackson/Haywood/Swain Counties | 15,000           |
| Haliwa-Saponi Indian Tribe                              | Halifax/Warren Counties                        | 4,300            |
| Coharie Tribe   | Sampson/Harnett Counties                       | 3,000            |
| Waccamaw Siouan Tribe                                   | Bladen/Columbus Counties                       | 2,000            |
| Occaneechi Band of the Saponi Nation                    | Alamance/Orange/Caswell Counties               | 1,100            |
| Meherrin Tribe  | Hertford/Gates/Bertie/Northampton Counties     | 900              |
| Sappony   | Person County                                  | 850              |

# State Tribes

## Coharie Tribe

- Headquartered in Clinton, NC
- Harnett and Sampson counties
- Descendants from aboriginal Neusiok Indian Tribe on the Coharie River
- Four settlements: Holly Grove, New Bethel, Shiloh and Antioch
- 3,256 members
- Approximately 20% residing outside tribal communities
- Moved to this area between 1729 and 1746 for refuge from English colonists and Native peoples



## Haliwa-Saponi Tribe

- Headquartered in Hollister, NC
- Halifax and Warren counties
- Descendants of the Saponi, Tuscarora, Tutelo and Nansemond Indians
- Third-largest tribe in the state
- Approximately 3,800 members
- Haliwa-Saponi Powwow is the oldest powwow in the state, typically held in April





# State Tribes

## Lumbee Tribe

- Headquartered in Pembroke, NC
- Hoke, Robeson, Scotland, and Cumberland counties
- Largest tribe in NC
- More than 55,000 members
- Ancestors were mainly Cheraw and related Siouan-speaking Indians
- Take their name from the Lumbee River



## Meherrin Tribe

- Headquartered in Ahoskie, NC
- Hertford, Gates, Bertie & Northampton counties
- Refer to themselves as “People of the Water”
- Share language, traditions and culture with the Nottoway and other Haudenosaunee Nations
- Only non-reservation Indians in NC who still live on their original Reservation lands



# State Tribes

## Occaneechi Band of the Saponi Nation

- Headquartered in Mebane, NC
- Alamance, Orange, and Caswell counties
- 2,000 members
- The OBSN is a lineal descendant of the Saponi and related Indians who occupied the Piedmont of NC & VA



## Sappony Tribe

- Headquartered in Virgilina, VA
- Reside in both Person County, NC & Halifax County, VA in an area they call “High Plains”
- 850 members comprised of seven core families, or clans
- Helped to mark the North Carolina-Virginia border



## Waccamaw Siouan Tribe

- Headquartered in Bolton, NC
- Columbus and Bladen counties
- 2,000+ members
- Situated on the edge of the Green Swamp



# Federally Recognized Tribe: EBCI

## Eastern Band of Cherokee Indians (EBCI)

Descendants of the Cherokee Nation and the Oconaluftee Cherokee of 1817 and 1819<sup>1</sup>.

### 1830s Trail of Tears<sup>1</sup>

- Forced Indian removal from the East to a location in the West (now Oklahoma)
- Hid during the Trail of Tears
- Small number of early landowners
- Others who walked a return trip from Oklahoma to North Carolina
- Those that remained became the Eastern Band of Cherokee Indians (EBCI)<sup>1</sup>

Duly incorporated in 1889 under a corporate charter<sup>2</sup> & located on 56,000 acres of land in the western most counties<sup>1</sup>

### Known as the Qualla Boundary (*not reservation*)<sup>2</sup>

- Not called a reservation because the federal government did not “reserve” the land
- EBCI members purchased the land in the 1870s
- Subsequently placed in trust with the federal government, specifically the Bureau of Indian Affairs

Federally recognized tribe –only federally recognized tribe in North Carolina<sup>3</sup>

### Sovereign Nation<sup>4</sup>

- Own laws, elections, government and institutions
- Relationship with the federal government and State government



<sup>1</sup>Source: <http://cherokee-phhs.com/our-community.html>

<sup>2</sup>Source: Museum of the Cherokee Indian Information Packet (<https://www.cherokeemuseum.org/learn>)

<sup>3</sup>Source: North Carolina Department of Administration (<https://ncadmin.nc.gov/citizens/american-indians/nc-tribal-communities>)

<sup>4</sup>Source: <https://ebci.com/government/>

<sup>5</sup>Source: <http://cherokee-phhs.com/>

# Historical Trauma

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- American Indians/Alaska Natives experience significant health disparities in many areas including metabolic and mental health disorders. The basis for these differences is grounded in the lasting effects of historical trauma.
- These inequalities can be attributed to **“disparities in money, power, and resources that have existed since colonization.”**
- **During colonization, tribes were decimated by warfare, disease, and government policies, which led to lasting effects that are termed historical trauma.**

*“ The cumulative emotional and psychological wounding across generations including one's own lifespan.” – Dr. Maria Yellow Horse Brave Heart*

# Health Equity Data

## HEALTH EQUITY REPORT SUMMARY

| Subject                        | Subcategory                       | African American | American Indian | Hispanic/Latinx | Other |
|--------------------------------|-----------------------------------|------------------|-----------------|-----------------|-------|
| Social and Economic Well-Being | Income                            | Red              | Red             | Red             | Green |
|                                | Education                         | Red              | Red             | Red             | Green |
|                                | Employment                        | Red              | Red             | Red             | Red   |
| Maternal/Child Health          | Infant Death Rate                 | Red              | Red             | White           | White |
|                                | Late or No Prenatal Care          | Red              | Red             | Red             | Red   |
| Child and Adolescent Health    | Death of Children                 | Red              | Red             | Green           | Green |
|                                | Teen Pregnancy                    | Red              | Red             | Red             | Green |
|                                | Children without Health Insurance | Red              | White ♦         | Red             | Red   |
| Risk Factors                   | Current Smokers                   | Red              | Red             | Green           | Green |
|                                | Overweight                        | White            | White ♦         | White           | Green |
| Mortality Rates                | Cancer                            | Red              | Green           | Green           | Green |
|                                | Heart Disease                     | Red              | Red             | Green           | Green |
| Communicable Diseases          | HIV Infection                     | Red              | Red             | Red             | Red   |
|                                | Chlamydia                         | Red              | Red             | Red             | Green |
| Violence and Injury            | Homicide                          | Red              | Red             | White           | White |
|                                | Suicide                           | Green            | Green           | Green           | Green |
| Access to Health Care          | No Health Insurance               | Red              | Red             | Red             | Red   |
|                                | Could Not See a Doctor            | Red              | White ♦         | Red             | Red   |

■ Green indicates a group is faring better than the referent group  
■ Red indicates a group is faring worse than the referent group  
 White indicates there is no significant difference between the referent and comparison group  
◆ Symbol indicates reliable rates could not be calculated

*According to the North Carolina Office of Minority Health and Health Disparities 2018 Health Equity Report, disparities are present for American Indians as well as other diverse populations in a number of health-related categories as compared to non-Hispanic Whites.*


Source: N.C. Office of Minority Health and Health Disparities. (2018). Racial and Ethnic Health Disparities in North Carolina: Health Equity Report 2018. Retrieved from <https://ncminorityhealth.org>.

# Tribal Health Determinants

## NC AMERICAN INDIAN Cancer Disparities


Cancer is the leading cause of death in American Indians

**Breast**




**1/3**  
of American Indian women are not screened for breast cancer

**Lung**




**20%**  
of American Indians smoke which greatly increases risk of lung cancer

**Prostate**



American Indian men are **50%** more likely to die from prostate cancer than white men

**Colon**



**1/2**  
of American Indian men are not screened for colon cancer

**BUT THERE IS HOPE**

the impact of cancer can be significantly reduced through:

- early detection
- avoiding harmful tobacco use
- living a healthy lifestyle (exercising, eating healthy foods, and maintaining a healthy weight)


## NC AMERICAN INDIAN Opioid Information

### American Indians in NC

Governor Roy Cooper has deemed the growing opioid crisis in North Carolina, as a statewide **EPIDEMIC**

...since 1999, more than **12,000** North Carolinians have died from opioid overdose

American Indians have higher rates of unintentional commonly prescribed opioid overdose than any other race



**WHAT ARE OPIOIDS??**

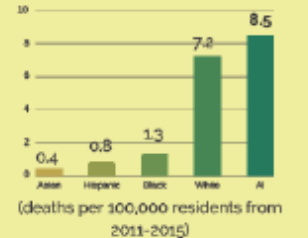
HEROIN    FENATNYL

PRESCRIPTION PAINKILLERS

**1 in 5**

Male American Indians in high school have taken a prescription drug without doctor's permission

**Naloxone is a drug that can be used to save someone who has overdosed (use after calling 911)**



| Race     | Deaths per 100,000 residents (2011-2015) |
|----------|--|
| Asian    | 0.4                                      |
| Hispanic | 0.8                                      |
| Black    | 1.3                                      |
| White    | 7.0                                      |
| AI       | 8.5                                      |

## NC AMERICAN INDIAN Diabetes Disparities

### Data from 2011-2015 for NC American Indians

American Indians in NC have the **2nd HIGHEST** rate of diabetes of any racial/ethnic population in the state

The death rate for American Indians from Diabetes is **DOUBLE** that of Whites


**#4** Leading cause of death for American Indians

**#1** Leading cause of adult blindness and kidney failure

**1/7** American Indian adults have been diagnosed with diabetes

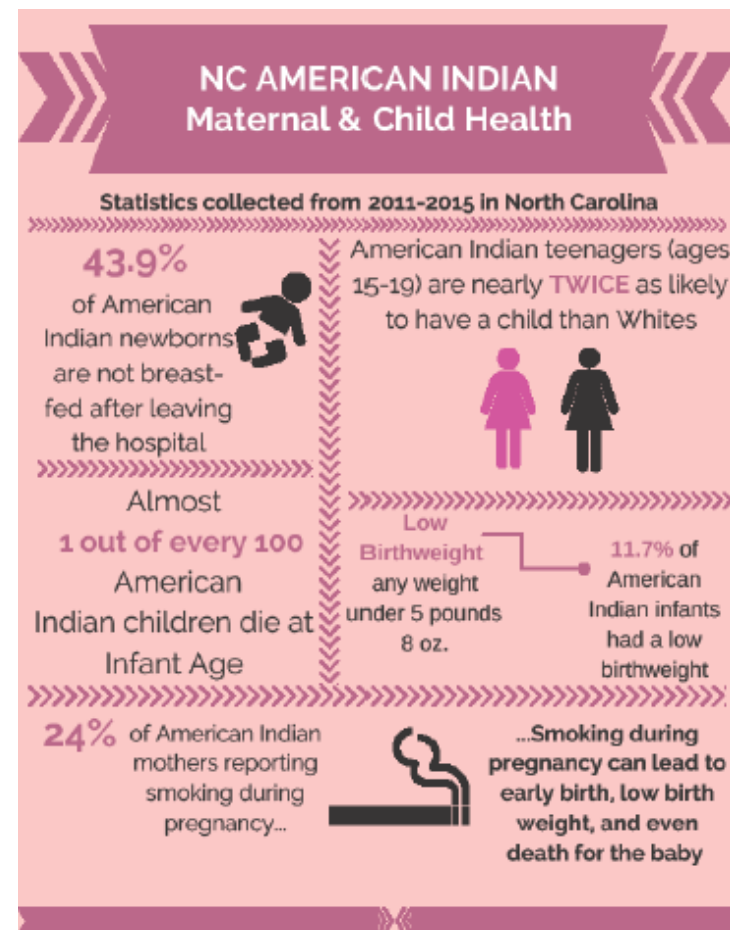
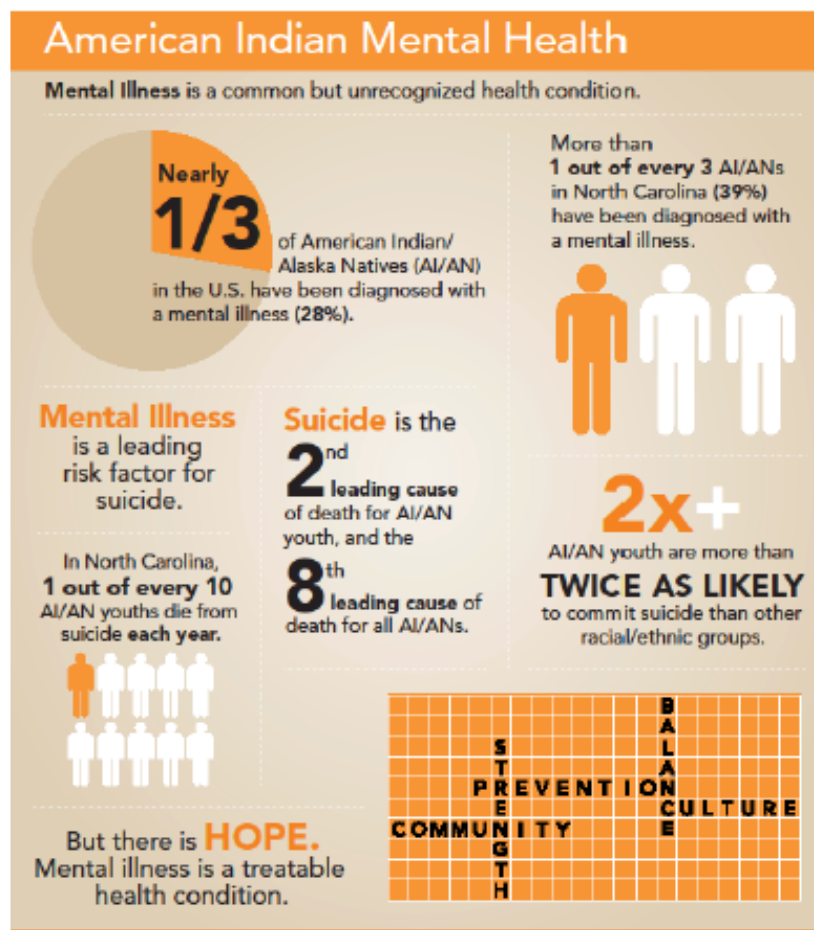
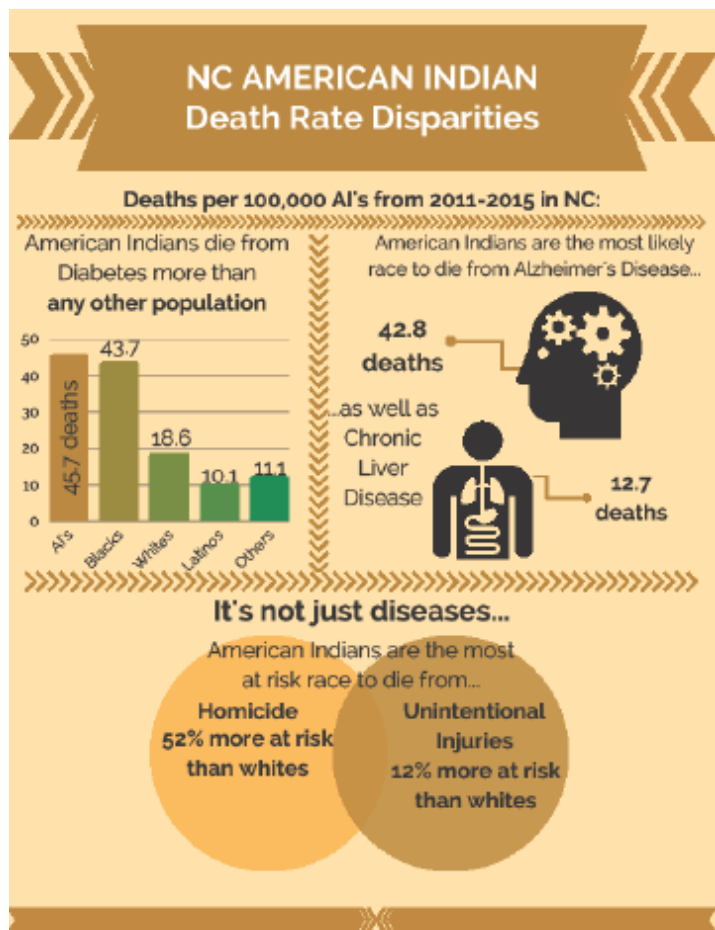
By maintaining a healthy weight, eating right, and exercising, type 2 diabetes **CAN BE PREVENTED!**

**REDUCES RISK BY: 1/2**

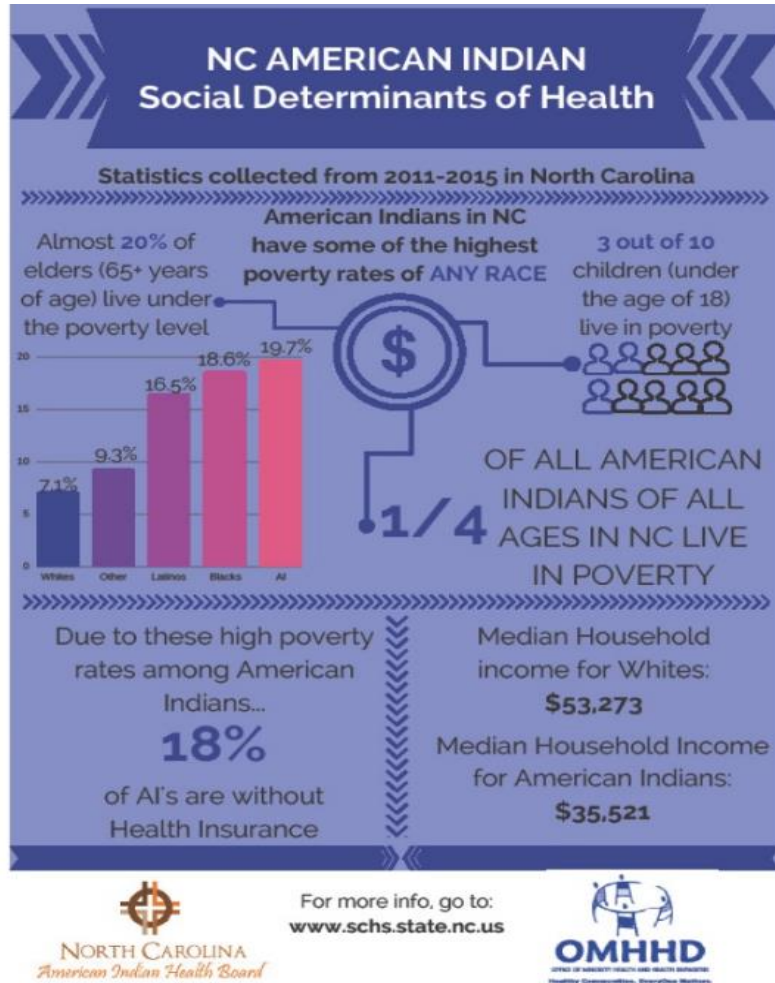




# Tribal Health Determinants



# Tribal Social Determinants of Health



- 25% of the NC American Indian population lives below the poverty line.
- Many children and elders live below the poverty line.
- 18% live without any form of health insurance.
- Median income for AI/AN population in NC is \$30,390 compared to \$39,184 for the total NC population
- Mean per capita income for AI/AN in NC is \$13,411 compared to \$20,3307 for the total NC population
- 62% of AI/AN in NC have a high school education or higher compared to 78% for the total NC population



# Considerations For Working With NC AI/AN Population

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## **Build a supporting relationship with AI/AN patients.**

- Recognize that biomedical and traditional therapies, interventions and supports may be used concurrently by some AI/AN people.

## **Ask appropriate questions as this can convey respect & help gain understanding. Examples include:**

- Why do you think this illness started?
- What kind of treatment do you think you need?

## **Pay attention to nonverbal communication and cues such as:**

- A gentle handshake can communicate respect.
- Stories may be used to communicate indirectly.
- Ignoring someone can indirectly communicate disagreement with them.
- Humor may cover up discomfort.

**Recognize the impact historical trauma, poverty and lack of access to quality health care have on overall well-being.**

**Be aware of the significant health issues AI/ANs are at risk for.**

# Considerations For Working With NC AI/AN Population

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## **Don't assume racial/ethnic identity**

- Many NC AI/ANs do not look like the stereotype some may have of an “Indian.”
- Most AI/ANs would prefer to be asked about racial/ethnic background and/or their tribal affiliation rather than having others assume racial/ethnic background or tribal affiliation.

## **Understand that NC tribes are all very different**

- They vary in culture, beliefs, practices from tribe to tribe and there is great diversity within tribes. Don't assume just because a patient is AI/AN, that they will want to engage in traditional healing.

## **Respect cultural practices & recognize differences in spirituality**

- Most NC tribes practice Christianity but spiritual beliefs vary by individual.
- Many hold traditional spiritual beliefs as well as Christian beliefs
- Views can vary. Find out what is important to your individual patient.
- Do not make assumptions or broad generalizations about their beliefs and practices.

## **Understand the Important role of elders**

- Tribal elders can play an active role in AI/AN members' healthcare, either directly or indirectly.
- The advice of elders is highly valued and sought out, and often influences decision-making.
- Your AI/AN patient may wish to discuss treatment and care options with an elder before making a decision.

# Communication in Provider Clinics

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**Positive communication and interaction with American Indian members is a necessary component of cultural sensitivity, awareness and humility.**

- Health information should be discussed *sensitively and privately* with the member and their support person, if they have one.
- It is important for all staff in service provider organizations to have some awareness of American Indian culture and the American Indian patients they are serving. Encourage providers to learn about the Tribal communities in your area.
- Religious and spiritual beliefs are important components of the Indian way of life and must be taken into consideration when providing health care services - A negative comment can alter the willingness of an American Indian to seek continued health care.
- Be honest and clear about your role and how you will meet their needs.
- Listen and observe more than you speak; be genuine and initiate casual conversation.
- Be aware of the patient's literacy levels; they may nod their head that they understand when they don't.
- Allow time for the member to tell their story without interruptions.
- Respect confidentiality and verbalize it.
- Allow things to happen as they should happen
- **It is acceptable to admit limited knowledge of AI/AN cultures; invite more knowledge.**

# Incorporating Cultural Awareness, Sensitivity and Humility into your Medical Practice

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Health care provider attitude can impact whether an American Indian patient returns for continued health care. Taking steps to incorporate cultural sensitivity, awareness and humility into your practice will make patients more comfortable in accessing care with you. Here is how to incorporate cultural sensitivity, awareness and humility into your practice:

- Be cognizant of American Indian communities and organizations your practice may serve.
- Representation matters: Recruit and hire American Indian staff, as well as American Indians to serve on boards and committees.
- Incorporate images of American Indians into training materials, marketing materials and other publications developed by agency - Informational brochures should be sensitive to cultural differences and cultural identity. This can be a great opportunity to collaborate with Tribal partners.
- Materials should not have wording or images that may cause fear or suspicion.
- Terminology used to convey health messages should be simple to read and understand.
- Support the collection of race and ethnicity data specific to American Indians.
- Attend and participate in American Indian specific conferences and events.
- Incorporate cultural sensitivity, awareness and humility into new staff orientation and regular staff meetings.
- Make cultural sensitivity, awareness and humility training a mandatory requirement for all staff.

# Find Out More! – *Resources & Suggested Reading*

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- **NC Commission of Indian Affairs** – <https://ncadmin.nc.gov/about-doa/divisions/commission-of-indian-affairs>
  - Information about all eight tribes and four urban Indian organizations
- **UNC American Indian Center** – <https://americanindiancenter.unc.edu/>
  - Find out about existing programming supporting AI/AN community assets
- **CMS Tribal Outreach and Education** - <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN>
- **EBCI Tribal Option** - <https://ebcitribaloption.com/>
- **Moving Forward: Breaking the Cycle of Mistrust Between American Indians and Researchers** - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3828980/>
- **Native Americans Feel Invisible In U.S. Health Care System** - <https://www.npr.org/sections/health-shots/2017/12/12/569910574/native-americans-feel-invisible-in-u-s-health-care-system>
- **The Little-Known History of the Forced Sterilization of Native American Women** - <https://daily.jstor.org/the-little-known-history-of-the-forced-sterilization-of-native-american-women/>