
Children, Families, Health, and Human Services Interim Committee

Office of American Indian Health (OAIH)

August 25, 2016

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Office of American Health (OAIH)

In 2015, via Executive Order, Governor Steve Bullock established the Office of American Indian Health to address disparities in health outcomes, such as cardiovascular disease, cancer rates, respiratory illness, lifespan, and other outcomes that exist between the American Indian and non-Indian population in Montana. The Office will be housed within the Director's Office of the Montana Department of Public Health and Human Services (DPHHS).

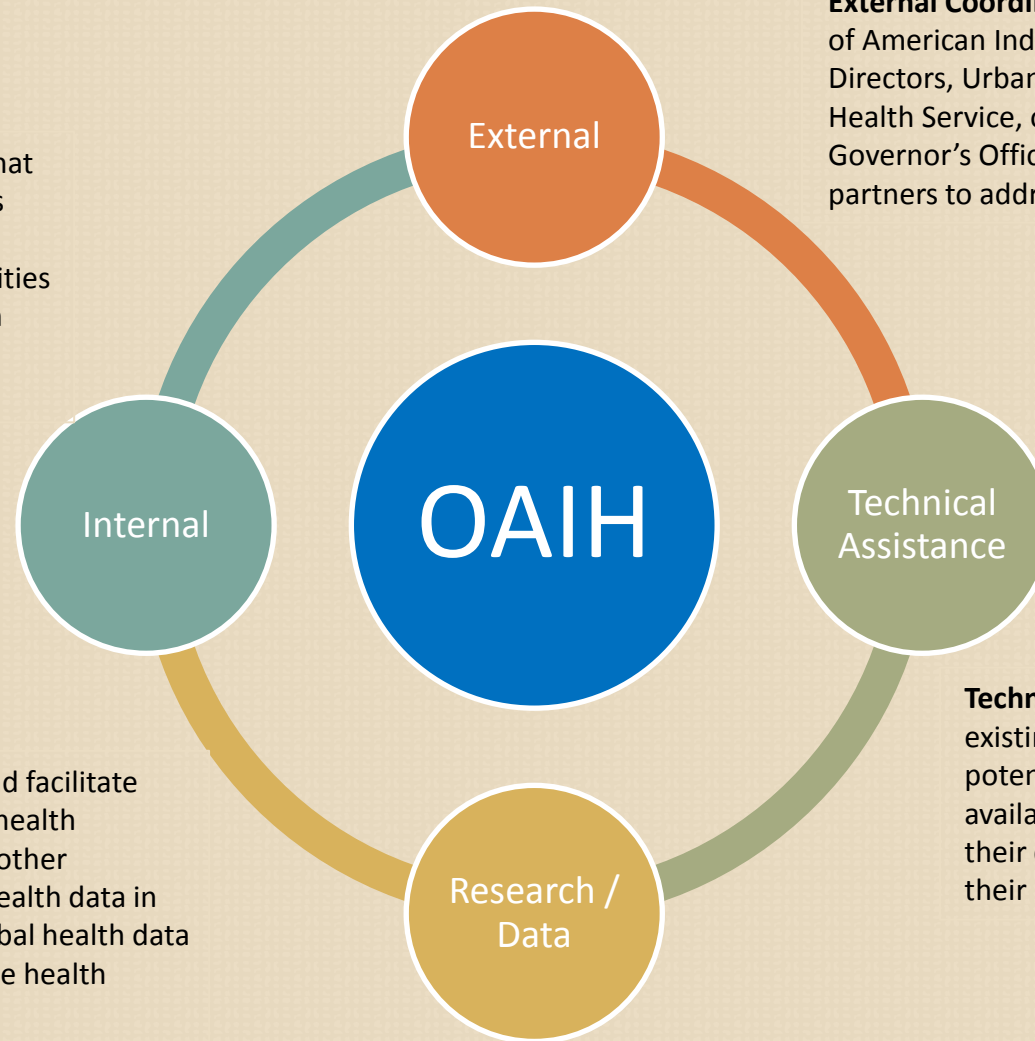
- **FOCUS**

- A greater focus on disease prevention;
- Agency-wide support for an Indian health agenda;
- Coordination with Tribal health stakeholders to improve health of American Indians in Montana;
- Coordination with State and Tribal health advocates to use available data for policy analysis and development.
- A “health in all policies” approach that considers factors like transportation and housing; and
- Strengthening the capacity of tribal communities, as well as the urban Indian population in Montana.

OAIH Four-Focus Areas

Internal coordination – to ensure that DPHHS programs across its divisions develop, implement, and monitor strategies that reduce health disparities and include a cultural component in their work to address factors contributing to health disparities.

Research and Data – to coordinate and facilitate collaboration between DPHHS, tribal health programs, Indian Health Service, and other stakeholders that generate relevant health data in order to ensure appropriate use of tribal health data to guide department policy and reduce health disparities.



External Coordination – to ensure that the Office of American Indian Health involves Tribal Health Directors, Urban Indian Health Centers, the Indian Health Service, other state agencies, the Governor’s Office of Indian Affairs, and other partners to address health disparities.

Technical Assistance – to identify existing state resources and new potential funding sources that are available to assist tribes in strengthening their capacity to improve the health of their members.

OAIH: To Date...

External

External Collaboration and Coordination

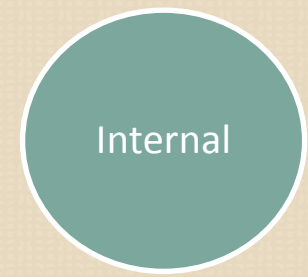
- VA
 - Native American Veteran Outreach
- Montana Cancer Coalition
 - Partnership in the planning and funding of a Tribal Summit
- Montana American Indian Women's Health Coalition (MAIWHC)
 - Supporting annual plan and identifying opportunities to collaborate
- Rocky Mountain Tribal Leaders Council (RMTLC)
 - Multiple opportunities
- Rocky Mountain Tribal Epidemiology Center
 - "Data Collaboration Group"
- Billings Area Indian Health Service
 - Data Collaboration Group
 - Multiple opportunities
- DPHHS/Department of Rehabilitation and Disability Studies, Southern University
 - Technical Assistance
- Montana Board of Crime Control
- Funding and Support
- Montana Primary Care Association (MTPCA)
 - Outreach Efforts

Note: Not All Inclusive

OAIH: To Date...

External

- **External Collaboration and Coordination**
 - Initiated engagement with Montana Associations of Counties (MACo) with focus on their efforts related to their “Reservations Counties” coalition. Counties that have been identified as reservation counties include: Roosevelt, Pondera, Big Horn, Blaine, Chouteau, Daniels, Flathead, Glacier, Hill, Lake, Phillips, Pondera, Rosebud, Sanders, Sheridan, Valley, Yellowstone
 - Initiated the pursuit to gain greater understanding and facilitate internal discussion regarding DPHHS efforts related to U.S. Department of Health & Human Services – Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as it may pertain to AI work and OAIH efforts.
 - Apprenticeships/Internships
 - U of M / Public Health
 - Tribal Colleges



OAIH: To Date...

- **Internal Collaboration and Coordination**
 - Partner internally within DPHHS on creating pilot programs that will be based in “**targeted solutions.**” The pilot programs will be based in a strategy for all, but will be created in an incremental format so we may learn and grow as we progress forward working with the Tribes and Urban Programs.
 - Internally introduced OAIH
 - Identify linkage opportunities
 - Identify targeted solutions – Examples
 - DPHHS/Public Health & Safety Division
 - EMS & Trauma Systems
 - “Community Health & EMS” Pilot (Targeted Solution)
 - “Tribal Nation Health Status”
 - DPPHS/Addictive & Mental Disorders Division
 - Community Guide and Training
 - Clinic/Medical Professional Training
 - Examples of Other Internal Collaborative Sessions: Governor’s Healthcare Policy Advisor, State Government Meetings (OPI, Commerce, Transportation), State Tribal Relations Committee Meeting, Governor’s Office of Indian Affairs

OAIH: To Date...

Technical
Assistance

- **Technical Assistance**

- Identified partnerships to begin to form opportunities for technical assistance. For example, health operational and community infrastructure support.
 - American Indian Health Leaders
 - T-SHIP (Tribal Sponsored Health Insurance Plan)
 - Tribal Summit

OAIH: To Date...

Research /
Data

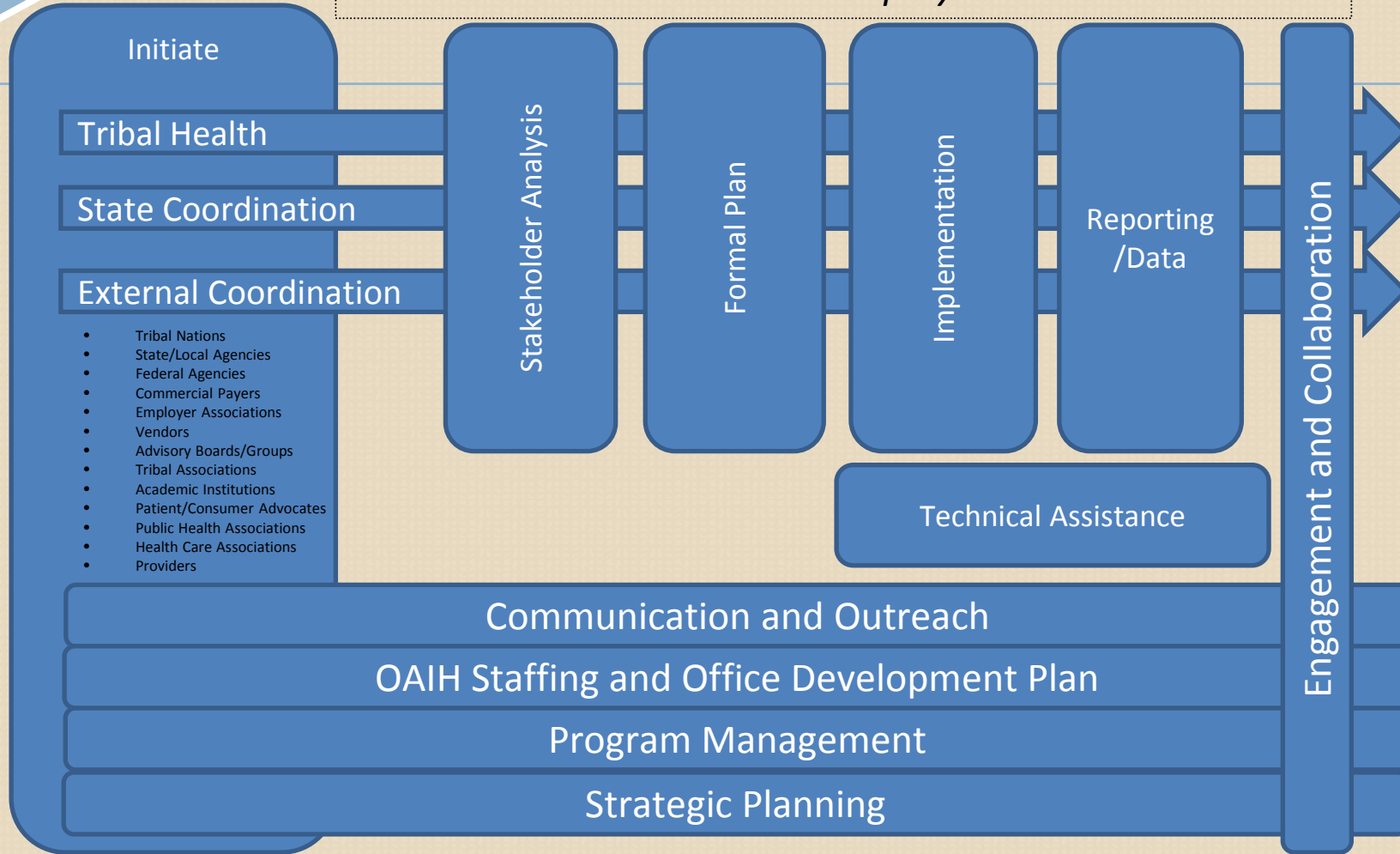
- **Research / Data**

- Actualize concept of “*Collaborative Data Group*”
 - “How do we use data?” – “How can we help each other?” – “How can we collaborate on data analysis?”
 - Indian Health Service
 - Rocky Mountain Tribal Epidemiology Center
 - DPHHS
 - Tribal and Urban Indian Health Leadership
- American Indian and Alaska Native Health Research Advisory Council (HRAC) (U.S. Department of Health and Human Services, Office of Minority Health)
 - Submitted Inquiry
- U.S. Census - The National Advisory Committee (NAC)
 - Considers topics such as hard to reach populations, race and ethnicity, language, aging populations, American Indian and Alaska Native tribal considerations, new immigrant populations, populations affected by natural disasters, highly mobile and migrant populations, complex households, rural populations, and population segments with limited access to technology. The Committee also advises on data privacy and confidentiality, among other issues.
 - Submitted Inquiry

Office of American Indian Health (OAIH)

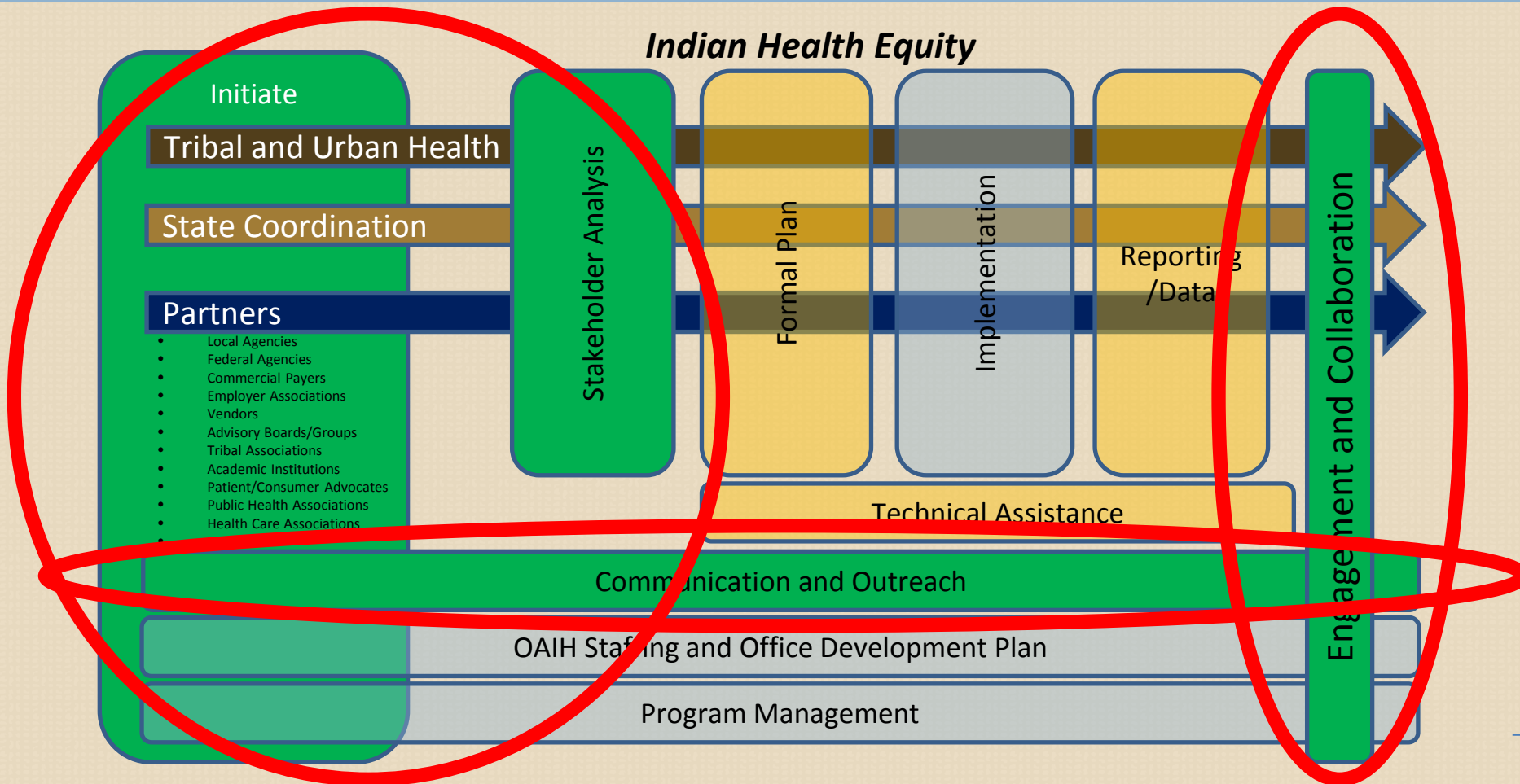
Health Equity

Original Approach



Guiding Principles: Collaboration and Partnership; Recognition and Respect Sovereignty; Government to Government Relations; Recognizing and Addressing Tribal Issues and Concerns; Mutual Resolution; Communication and Positive Relations; Formal and Informal Communication; Health Delivery and Access; Distinctive Needs of American Indian Population; Establishing Partnerships; Intergovernmental Coordination; Cultural and Linguistic Competency; Stewardship.

Current State



Guiding Principles: Collaboration and Partnership; Recognition and Respect Sovereignty; Government to Government Relations; Recognizing and Addressing Tribal Issues and Concerns; Mutual Resolution; Communication and Positive Relations; Formal and Informal Communication; Health Delivery and Access; Recognizing the Distinctive Needs of American Indian Population; Establishing Partnerships; Intergovernmental Coordination; Cultural and Linguistic Competency; Stewardship.

Path Forward

- **DPHHS**
 - **Internal Partnerships – Focused upon “Targeted Solutions”**
 - **American Indian Health Training:**
 - Internally within DPHHS provide education through a direct American Indian Health Training effort to help foster understanding of key services, methods, practices, and policies related to Indian Health Care in Montana.
 - **Internships**
- **Governor’s Council on Healthcare Innovation**
 - Support and actively engage
- **OAIH Mission, Vision, Strategic Plan, and Goals**
 - Develop Draft Plan
- **Four Focus Areas**
 - Internal
 - External
 - Technical Assistance
 - Research/Data

