



Oklahoma State Department of Health
Creating a State of Health

OKLAHOMA STATE DEPARTMENT OF HEALTH REGIONAL TRIBAL LISTENING SESSIONS EXECUTIVE SUMMARY

Shawnee – February 1, 2013

Lawton – February 8, 2013

Pawnee – February 13, 2013

Tahlequah – February 15, 2013

McAlester – February 22, 2013

Wyandotte – March 1, 2013

Overview

Oklahoma is home to 38 federally recognized tribal nation headquarters. The 2010 United States (US) Census defines "American Indian/Alaska Native (AI/AN)" as people having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

States with the largest AI/AN populations as of the 2010 US Census, were California (723,225), Oklahoma (482,760), and Arizona (353,386). The proportion of Oklahoma's population identified as AI/AN people was 12.9%. According to the Oklahoma State Department of Health, AI/AN people suffer greater health disparities than others living in Oklahoma. The top leading causes of AI/AN death are heart disease, cancer, unintentional injuries and diabetes.

In an effort to improve the health and wellbeing of American Indians living in Oklahoma the Oklahoma State Department of Health, in collaboration with the Oklahoma Health Care Authority and representatives from Oklahoma's tribal nations, conducted six listening sessions to identify tribal health needs in the state.

Tribal listening sessions were offered in six communities from February 1 through March 1, 2013. Approximately 193 people attended the sessions, representing tribal nations, tribal serving entities, Indian Health Service and community representatives at large. Among the topics for discussion were an overview of the Affordable Care Act and the development of an Oklahoma Plan designed to reduce the number of uninsured, reduce health care costs and to improve health outcomes.

The Oklahoma State Department of Health contacted the Oklahoma City Area Inter-Tribal Health Board and asked for assistance with setting up the listening sessions.

Hosts agreed to secure meeting rooms and to assist with recruiting listening session participants. The Oklahoma City Area Inter-Tribal Health Board agreed to provide speakers that would share an overview of the Affordable Care Act and its impact to tribal nations during the listening sessions.

The Oklahoma Health Care Authority agreed to send a representative to all of the listening sessions and to participate on the listening session panel.

A press release was developed to recruit participants in the listening sessions. The Oklahoma Health Care Authority, the Oklahoma City Area Inter-Tribal Health Board, the Oklahoma State Department of Health and the Oklahoma Department of Mental Health and Substance Abuse Services all agreed to place the listening session announcement on their web pages and to send out an email announcing the sessions to their respective networks. In addition, the Oklahoma State Department of Health utilized their extensive Community Development Service and Community Health networks to promote participation in the listening sessions.

Upon receipt of the Oklahoma State Department of Health press release, tribal nations placed information on their websites, local newspapers, and local newsletters about the listening sessions. Newspapers and radio stations interviewed Oklahoma State Department of Health and

ran articles about the sessions. The Oklahoma City Area Indian Health Service also promoted the sessions and provided staff and/or consultants to provide training on the Affordable Care Act during the listening sessions.

In addition, personal calls were made to tribal leaders, health directors, tribal elders, health facility staff, hospital administrators and other tribal partners that may be impacted by the implementation of the Affordable Care Act to invite them to the listening sessions.

Guests were asked to sign in upon arrival and were given a packet of information that would be discussed during the session. Participants were encouraged to make comments and ask questions throughout each listening session. Written comments were accepted in person during the listening sessions or via email or hard copy following the sessions through March 15, 2013.

Listening Session Agendas:

- **Welcome and Opening Prayer**
Host Nation

- **Purpose and Overview of Listening Session**
Oklahoma State Department of Health

- **The Affordable Care Act and Implications for Tribal Nations Presentation**
Oklahoma City Inter-Tribal Health board

- **Oklahoma State Plan Overview and Listening Session**
Oklahoma State Department of Health

- **Closing Prayer and Adjournment**
Host Nation

The Shawnee Listening Session

The first listening session was hosted by the Citizen Potawatomi Nation at the South Reunion Hall, 1702 S. Gordon Cooper, Shawnee, Oklahoma on Friday, February 1, 2013 from 9:30 am – 11:30 am. The host was Mr. Tim Tall Chief, Health Director, Citizen Potawatomi Nation. The Oklahoma State Department of Health was represented by Dr. Terry Cline, Commissioner of Health and Secretary of Health and Human Services, Ms. Julie Cox-Kain, Chief Operating Officer. The Oklahoma Health Care Authority was represented by Mr. Nico Gomez, Chief Executive Officer. The Oklahoma City Area Inter-Tribal Health Board was represented by Ms. Rhonda Butcher, Director, Self-Governance, Citizen Potawatomi Nation. There were 37 people in attendance.

The Lawton Listening Session

The second listening session was hosted by the Comanche Nation at the Higher Education Building, 584 NW Bingo Road, Lawton, Oklahoma on Friday, February 8, 2013 from 10:00 am – 11:00 am. The Host was Chairman Coffey, Comanche Nation. The Oklahoma State

Department of Health was represented by Dr. Terry Cline, Commissioner of Health and Secretary of Health and Human Services, Ms. Julie Cox-Kain, Chief Operating Officer. The Oklahoma Health Care Authority was represented by Mr. Nico Gomez, Chief Executive Officer. The Oklahoma City Area Inter-Tribal Health Board was represented by Ms. Cheryl McClellan (Sac & Fox), Private Consultant. There were 51 people in attendance.

It should be noted that the Lawton Listening Session was conducted in conjunction with another all-day meeting hosted by the Comanche Nation. The Oklahoma State Department of Health was granted approximately one hour on the agenda to share information with participants. An abbreviated version of the typical listening session talking points were shared, but the same handout materials and opportunity for written comments were provided. The Oklahoma State Department of Health expressed appreciation to the Comanche Nation for allowing the listening session to proceed while other important business was conducted.

The Pawnee Listening Session

The third listening session was hosted by the Pawnee Nation at the Roam Chief Building, 810 Morris Road, Pawnee, Oklahoma on Wednesday on February 8, 2013 from 9:00 am – 11:30 am. The Host was Vice President John Lone Chief. The Oklahoma State Department of Health was represented by Ms. Julie Cox-Kain, Chief Operating Officer. The Oklahoma Health Care Authority was represented by Ms. Dana Miller, Director, Tribal Public Relations. The Oklahoma City Area Inter-Tribal Health Board was represented by Ms. Trevelyn Cross, Private Consultant. There were 26 people in attendance.

The Tahlequah Listening Session

The fourth listening session was hosted by the Cherokee Nation at the Armory Municipal Center, 100 N. Water Street, Tahlequah, Oklahoma on Friday, February 15, 2013 from 9:00 am – 11:30 am. The host was Dr. Charles Grim. The Oklahoma State Department of Health was represented by Ms. Julie Cox-Kain, Chief Operating Officer. The Oklahoma Health Care Authority was represented by Mr. Nico Gomez, Chief Executive Officer. The Oklahoma City Area Inter-Tribal Health Board was represented by Ms. Trevelyn Cross, Private Consultant. There were 39 people in attendance.

The McAlester Listening Session

The fifth listening session was hosted by the Choctaw Nation at the Kiamichi Vo-Tech Center, 301 Kiamichi Drive, McAlester, Oklahoma on Friday, February 22, 2013 from 10:00 am – 12:00 noon. The host was Ms. Teresa Jackson. The Oklahoma State Department of Health was represented by Dr. Terry Cline, Commissioner of Health and Secretary of Health and Human Services, Ms. Julie Cox-Kain, Chief Operating Officer. The Oklahoma Health Care Authority was represented by Mr. Nico Gomez, Chief Executive Officer. The Oklahoma City Area Inter-Tribal Health Board was represented by Ms. Diddy Nelson (Navajo), Executive Director. There were 39 people in attendance.

The Wyandotte Listening Session

The sixth listening session was hosted by the Wyandotte Nation at the Bear Skin Healthcare and Wellness Center, 1 Turtle Drive, Wyandotte, Oklahoma on Friday, March 1, 2013 from 10:00 am – 12:00 noon. The host was Chief Friend. The Oklahoma State Department of Health was represented by Ms. Julie Cox-Kain, Chief Operating Officer. The Oklahoma Health Care

Authority was represented by Ms. Dana Miller, Director of Tribal Relations, The Oklahoma City Area Inter-Tribal Health Board was represented by Ms. Diddy Nelson (Navajo), Executive Director and Ms. Trevelyn Cross, Private Consultant. There were 19 people in attendance.

Purpose of the Listening Session and Presentation Highlights

After the opening welcome by the host tribal nation, the Oklahoma State Department of Health provided an overview of the purpose of the listening sessions. Tribal hosts were recognized and appreciated for their efforts to locate meeting facilities, provision of light refreshments and for helping to invite participants to the listening sessions. State agency staff expressed feeling a sense of honor to be guests of our tribal partners and for the time that people were spending away from their other pressing duties to participate in these listening sessions.

Participants were encouraged to join in the conversation throughout the meeting. It was noted that the dialogue did not start or end with these listening sessions. State agencies asked participants to feel free to contact the Oklahoma Health Care Authority Director of Tribal Relations and the Oklahoma State Department of Health Tribal Liaison throughout the year by phone, email, or personal visits. State agencies deeply value the opportunity to sit at the table with our tribal partners. All have the same interest at heart, which is to improve the health of all people living in Oklahoma.

The state agency representatives made a point at each session to recognize tribal sovereignty. Emphasis was placed on the importance of building meaningful relationships with tribal leaders, elders and members. State agencies expressed an understanding that tribal members residing in the State of Oklahoma are citizens of the state and as such possess all the rights and privileges afforded by Oklahoma to its citizens.

By traveling to tribal communities it was hoped to open meaningful dialogue and gain an understanding of tribal communities and the complex Indian health system comprised of direct service tribes and self-governance tribes. The listening sessions are intended to promote informal dialogue and to capture the broad range of concerns that tribal nations may have about health disparities and the implementation of the Affordable Care Act in Oklahoma.

The Health Department established the Office of the Tribal Liaison in January 2012. The Tribal Liaison is responsible for implementing the tribal consultation policy which states that prior to undertaking any action or policy that will have the potential to affect a tribal community or its members, meaningful input will be sought. Furthermore, it is the intent of the Health Department to integrate the input generated from tribal consultation into the decision making process to achieve mutually acceptable solutions.

The difference between listening sessions and formal consultation was articulated. The purpose of a listening session is to gather information or gain understanding about complex issues. A tribal consultation is conducted when a specific policy, document or program is being developed and tribal input is needed before the final draft is approved.

The Health Department envisions a process that begins with conducting listening sessions that will evolve into seeking formal tribal consultation. Specifically the Health Department is

interested in seeking input into the development of an Oklahoma Plan to reduce the number of uninsured and the costs of health care leading to the improvement of health.

The Oklahoma City Area Inter-Tribal Health Board representatives provided a summary of the Affordable Care Act. The Patient Protection and Affordable Care Act was passed by Congress in 2010 included a permanent reauthorization of the Indian Health Care Improvement Act. Medicaid expansion and health insurance exchanges were explained.

Exceptions related to American Indians were reviewed. For example, American Indian people will not receive a penalty for failing to enroll in health exchanges, will not pay cost sharing, and are not restricting to enrolling exclusively during the annual open enrollment period. Barriers to American Indian enrollment were identified. The Health Board indicated they will be offering extended two day trainings for tribal nations with more specific information available about the Affordable Care Act and an invitation to participate was extended to everyone in attendance.

The Oklahoma State Department of Health provided additional information about the Oklahoma Plan. In November 2012, Governor Mary Fallin affirmed her commitment to the health of all Oklahomans by announcing the development of an Oklahoma Plan to accomplish the following:

- Reduce the number of uninsured in Oklahoma
- Reduce the cost of health care and ensure long-term financial sustainability
- Improve population health outcomes

The development of the plan is a collaborative effort between the Oklahoma Health Care Authority, the Oklahoma State Department of Health and Governor Mary Fallin's Office. The analysis and development of options for the Oklahoma Plan will be undertaken by an independent contractor named; Leavitt Partners. Development of the plan will occur in two phases: 1) Reviewing the current SoonerCare program; and 2) Focus on the development of a demonstration proposal to integrate and leverage public health systems with commercial health plans to maximize efficiency to improve population health outcomes.

As a companion study, the Health Department will engage an independent contractor to analyze access to care, including projections of the uninsured, impacts and costs of uncompensated care, and return on investment at varying levels of insurance coverage. The development of the Oklahoma Plan should ultimately lead to a better understanding of Oklahoma's current healthcare system and healthcare system transformation that may be needed in the future.

Participants were encouraged to ask questions throughout the session and at the end of the presentations, the floor was opened to dialogue, questions and comments/statements.

Common Themes and Unique Perspectives

The Tribal Listening Sessions proved to be a very gratifying experience. The state agency staff learned a great deal and believes that newly forged relationships hold promise for higher levels of collaboration and partnership in the future. State agency staff developed a deeper appreciation for the unique needs and concerns of each tribal nation in attendance at the meetings. Common themes emerged but there were also unique perspectives as well.

Common Themes

- **Participants said tribes want to be at the decision making table.**

This was probably the most commonly stated need across all listening sessions. Participants said that tribes deeply care about their people and want to assure they have every advantage to achieve health and happiness. They become frustrated when they see important developments such as the implementation of the Affordable Care Act and they are not included at the decision making table. They do not want to be informed about changes, they want to be involved in the formulating the direction of the change to assure their unique needs are addressed.

Oftentimes, federal and state governments do not understand the complexities of Indian health care delivery systems. Indeed, many times it is clear that they are not aware of the unique circumstances of the tribes in Oklahoma. There seems to be a misunderstanding at the federal level that all tribes are on reservations. Many times, they are not aware of the forced removal to Oklahoma and the different perspectives of tribal nations in this state.

In addition, participants representing smaller tribes believe their needs may take a back seat to the larger tribes. Each tribe is a sovereign nation. As such they have a legal right to be treated as an independent and sovereign nation.

Participants said over and over again during the sessions that they also want the state agencies to advocate for them to the federal agencies as well, especially when states elect to use a federal exchange.

- **Medicaid Expansion is needed in Oklahoma or a special “carve out” should be created for tribal nations.**

Participants had a very strong opinion that Medicaid Expansion is needed in Oklahoma. Because of the unique relationship that tribes have with state and federal governments, it is possible to create a Medicaid Expansion just for American Indian people. This is one of the reasons they want to be at the decision making table, so they can voice these opinions, study the implementation issues and formulate specific recommendations that make it a viable option for both the state and the tribes.

- **Definition of “American Indian/Alaska Native needs to be unified.**

Participants are concerned that a singular definition of American Indian needs to be adopted in the implementation of the Affordable Care Act. The Medicaid definition was the one most commonly suggested as an acceptable alternative. Participants asked the state agencies to advocate on their behalf about this need. In addition, information was shared about the requirement to process hard copy applications or to deal with CMS on a case by case basis.

- **Outreach and Education to tribal members needs to be conducted immediately.**

Participants expressed concern about the lack of information that has been made to people living in this state about the Affordable Care Act, the open enrollment period, the insurance exchange, tax credits and penalties, allowable exemptions for American Indian people and the pending timelines. Participants would like to partner with the state agencies on how to develop a message for the people and how to train staff to deliver the message. Materials

should be designed that provide simple and straightforward information. Websites should be created for those seeking additional information. Time is of the essence on this issue since open enrollment starts in October 2013; leaving us only seven months to create an outreach and education plan, train staff and implement it.

- **Simplified procedures need to be developed to sponsor tribal member premiums.**
Participants expressed frustration about the Affordable Care Act's lack of ability to work with tribes and their desire to sponsor their tribal member premiums. For example, one tribe conducted a pilot study, insuring approximately 100 tribal members and found that the insurance company was difficult to work with and even instituted procedures that added tremendous administrative burdens to tribal nations. (Requiring coupon books to be issued and making the tribe complete a coupon for each member each month, rather than setting up a single payment system that would allow for multiple members' premiums to be paid at the same time.)
- **Tribal Nations want to meet with the Oklahoma Insurance Department to clarify their role with the Affordable Care Act and to review current problems they are having with insurance carriers.**
Participants asked many questions about the role that the Insurance Department will play in the implementation of the Affordable Care Act in Oklahoma. Questions were related to regulation, certification of staff to take applications, and ability to require insurance companies to pay tribal nations for service rendered to health plan members.

Unique Perspectives

- **Direct Service versus Self-Governance Tribes**
The needs of direct service tribes versus self-governance tribes vary greatly when it comes to the implementation of the Affordable Care Act. Direct service tribes typically receive the majority of their health care through the Indian Health Service clinics and hospitals. Self-governance tribes typically operate their own health clinics and hospitals.

Self-governance tribes have designated health directors and other staff who serve on technical advisory groups at the state and national level who have been carefully studying the Affordable Care Act for a long time.

Typically direct service tribes do not have health directors per se, and as such have not asked their staff to study the Affordable Care Act.

Therefore, when the state works with each tribal nation, it is important to understand they have differing capacity to address the Affordable Care Act. Any procedures, messaging or training that is developed needs to take these unique needs under consideration.

In addition, the Health Department needs to continue their efforts to reach out to all tribal nations in Oklahoma to better understand all the needs in our state.

Lessons Learned

It appears that many tribal nations stand ready and willing to continue to partner with state agencies regarding the implementation of the Affordable Care Act in Oklahoma. All tribal nations have unique needs and capacity that must be addressed. Listening session participants express deep concern for their people and hope to serve their needs. As stated throughout this report, the ongoing recognition and respect for tribal sovereignty is of utmost concern for all parties.

The Oklahoma State Department of Health has grown in appreciation for the complexity of the Indian health system in Oklahoma. For example, when self-governance tribes ask to be at the decision making table regarding health care issues, then direct service tribes not only need to be at the table but so should representatives from Indian Health Service.

During this process the Health Department has learned that Indian Health Service provides contract services to the people they serve, but they only receive funding at approximately 50% of the level required to meet the need. Oftentimes difficult decisions have to be made about who can receive care and even then, there are limits to the availability of qualified health providers at the local level to provide the care.

While great strides have been made in recent years with enhancing partnerships with tribal nations and the Indian Health Service, more work needs to be done.

State agencies and tribal governments are facing the same problems such as unacceptably high rates of preventable morbidity and mortality in our state. Indeed, American Indian people experience greater health disparities on several health outcomes than many other people living in our state. Both the public health system and the Indian health system have shared goals and objectives. For example, all are trying to move through the implementation of the Affordable Care Act together and find common needs, such as how to best approach outreach and education.

The Oklahoma City Area Inter-Tribal Health Board has graciously agreed to partner with the state agencies to share their wealth of knowledge and expertise regarding the Affordable Care Act with our tribal partners. The Board Members and staff spent countless hours working with the state agencies to host these listening sessions and assured that knowledgeable and competent staff and consultants were made available to share important information about the implications of the Affordable Care Act on tribal nations.

It is clear that a process has been implemented that will encourage greater communication and collaboration between the state agencies and tribal nations. While much work lies ahead, there is renewed hope and encouragement that great attention will continue to be placed on promoting meaningful relationships that result in better health outcomes for ALL Oklahomans.