Working with Native American Groups

Serving Vulnerable and Underserved Populations: Part 5 of 5

BeWell
New Mexico's Health Insurance Marketplace

Main Topics

- Native American Populations and Communities
- Indian Healthcare System (IHS) and Tribal 638 Healthcare Centers
- Native American Culture and Communities
- Affordable Care Act (ACA) Provisions for Native Americans

Introduction

Native Americans in New Mexico bear a disproportionate share of poor health status and disease. With over 5.2 million Native Americans nationwide and 263,615 in the State of New Mexico (approximately 2% of the U.S. population and 12.4% of the state population), the need to improve healthcare among this unique population is of paramount importance. Challenges from an increasing population, financial shortfalls, and decreasing services result in Native people seeking other avenues for healthcare coverage and services; these may include Medicaid, Medicare, private insurance, or self-insured programs. Not all Native Americans access care via Indian Health Services.

History and Policy: An Overview

- Since the fifteenth century, when outside groups sought to colonize and control their land, Native Americans were faced with discrimination, the loss of their homes and culture, health disparity, among so much more. Examples of policies which contributed to their plight of the past and circumstances of the present include:
  - The Indian Removal Act of 1830, though removal and relocation began in the late 1700s

Native American Populations Today

- There are 574 federally recognized tribes throughout the United States.
- New Mexico has representation from nearly every federally recognized tribe, many residing in urban settings, and each with its own government, lifeways, traditions, and culture.
- The Nations, Tribes, and Pueblos are not “One Indian Culture”; each is different with its own unique identities, languages, history, and traditions.

Demographics and Health Information

- Indian Health Service (IHS), Tribal Health Centers, and Urban Indian Programs are primary providers of healthcare; however, all these services are severely underfunded.
- Additional health coverage may be provided by various employer/group plans, self-insured plans, or public programs.
- Many off-reservation populations are no longer eligible for Purchased Referred Care (formerly Contract Health).

Nations, Tribes, and Pueblos in New Mexico

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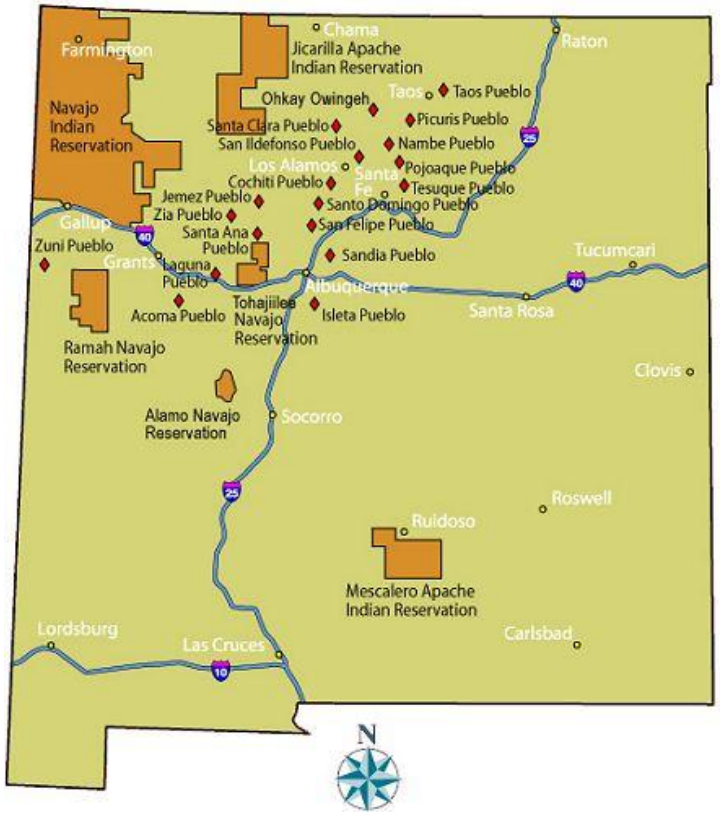
There are 19 Pueblo communities located throughout the Rio Grande corridor and Western New Mexico.

- Pueblo of Acoma
- Pueblo de Cochiti
- Pueblo of Isleta
- Pueblo of Jemez
- Pueblo of Laguna
- Pueblo of Nambe
- Ohkay Owingeh (formerly San Juan Pueblo)
- Pueblo of Picuris
- Pueblo of Pojoaque
- Pueblo of Sandia
- Pueblo of San Felipe
- Pueblo of San Ildefonso
- Pueblo of Santa Ana
- Pueblo of Santa Clara
- Kewa (formerly Santo Domingo Pueblo)
- Taos Pueblo
- Tesuque Pueblo
- Zia Pueblo
- Zuni Pueblo

Nations, Tribes, and Pueblos in New Mexico (Continued)

- There are three Apache Tribes/Nation located in New Mexico
  - Jicarilla Apache Nation – Northern New Mexico
  - Mescalero Apache Tribe – Southern New Mexico
  - Fort Sill Apache Tribe – Southern New Mexico
- The Navajo Nation is located in Western New Mexico
- There are also off-reservation populations of Native Americans:
  - There is representation from nearly every federally recognized tribe located in rural and urban areas.



Government-to-Government Relationship: Sovereign Nations

"Each Tribe is a sovereign nation with its own government, lifeways, traditions, and culture; each tribe has a unique relationship with the federal and state governments. The twenty-three tribes in New Mexico are actively engaged to preserving their indigenous languages, religion, culture, the environment and in promoting quality education and health care for all members, especially their youth and elders. Economic development as a means to achieve these goals is important to Tribal leadership as is homeland security and housing for their communities."

-New Mexico Indian Affairs Department, 2024

Government-to-Government Relationship

Federally recognized tribes have a unique and direct relationship with the United States. Afforded this right via various Supreme Court rulings, treaties, legislation, and executive orders, the U.S. Supreme Court ruled that Indian Tribes are "*domestic dependent nations with a government-to-government relationship subject to plenary authority of the U.S.*" (Cherokee v. Georgia, 1831).

Government-to-Government Relationship (Continued)

- The State-Tribal relationship is limited.
  - The state has no authority over Native American governments.
  - State and Tribes are working to develop a better relationship.
- NM Senate Bill 196 – State Tribal Collaboration Act (2009).
  - Requires a formal consultation process with federally recognized tribes on all issues that have the potential to impact tribes.
  - Requires a Tribal Liaison position and official consultation policy within each State agency.
- Public Law 93-638, as amended – Indian Self Determination and Education Assistance Act.
  - Allows Tribes to assume the administration and operation of health services and programs.

Forms of Government

- Apache Nation/Tribes:
  - Duly elected tribal officials consisting of a President, Vice-President and Legislative Council.
  - Based in Constitutions that are very similar to U.S government.
  - Elected positions are usually staggered, and leadership change occurs every 2 or 4 years.
- Pueblos:
  - A traditional government consisting of Governor, Lt. Governor, War Chiefs, Council, Traditional Council, etc.
  - Most Pueblos change leadership every 1 to 2 years in early January; several Pueblos also hold elections.
- Navajo Nation:
  - Duly elected tribal officials consisting of President, Vice-President and Council Delegates. The Delegates represent the various chapters located throughout the reservation. Leadership change occurs every 4 years.
  - Each community administers their own court systems or judicial systems.

Two Types of Health Care Systems

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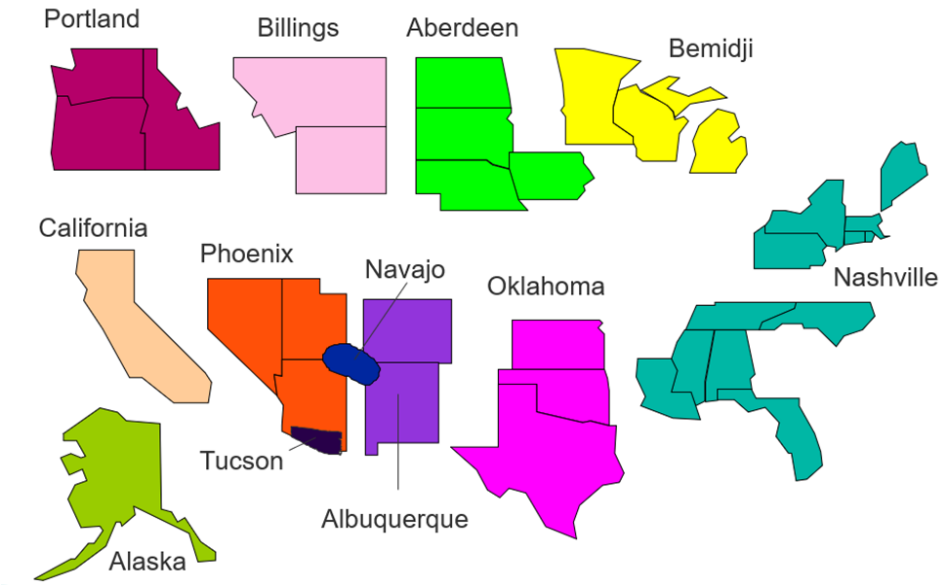
- IHS Direct Care Facilities:
  - Administered directly under IHS
- P.L. 93-638 Facilities:
  - Administered by the Tribe, Nation, or Pueblo or other authorized entity.
  - Referred to as “Tribal 638s.”

Indian Health Services (IHS)

- Began in 1955, a year after the transfer of Native American health services from the Bureau of Indian Affairs (BIA) to the Public Health Service (PHS).
- Principal health care provider/advocate for Native Americans.
- Federal trust obligation to promote healthy people, communities, and cultures while honoring and protecting the inherent sovereignty of the tribes.
- Comprehensive health care delivery system.
- Serves estimated 2.6 million Native Americans.

Indian Health Services (Continued)

- Headquartered in Rockville, MD.
- Two of 12 area offices serve New Mexicans:
  - Albuquerque Area Office: Albuquerque, NM
    - 1 Hospitals, 7 Health Centers and 6 Field Clinics
  - Navajo Area Office: St. Michaels, AZ
    - 4 Hospitals, 7 Health Centers, and 15 Health Stations

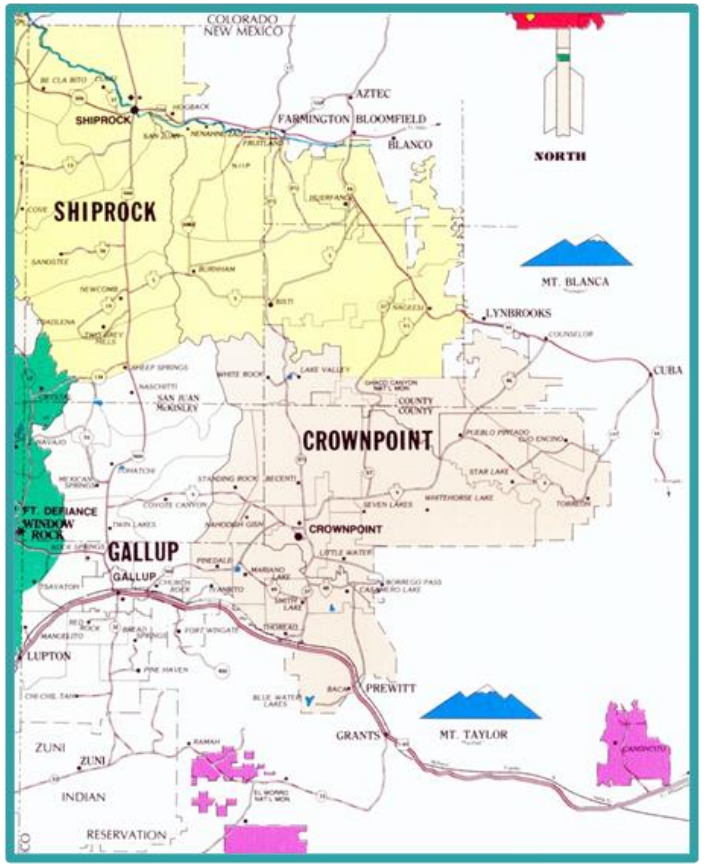


Albuquerque Area Indian Health Service

- Albuquerque Urban Dental Clinic (SIPI) – Albuquerque, NM
- Albuquerque Indian Health Center – Albuquerque, NM
  - Zia Health Clinic
  - Santa Ana Health Center
- Acoma-Canoncito-Laguna (ACL) Service Unit, Acoma, NM
  - New Sunrise Regional Treatment Center
- Jicarilla Service Unit- Dulce, NM
- Mescalero Service Unit– Mescalero, NM
- Santa Fe Service Unit- Santa Fe, NM
  - San Felipe Health Clinic
  - Cochiti Health Clinich
  - Santa Clara Health Center
- Taos - Picuris Health Center- Taos, NM
- Zuni Comprehensive Health Center

Navajo Area Indian Health Service

- Northern Navajo Medical Center - Shiprock, NM
  - Dzilth-Na-O-Dith-Hle Health Center
  - Four Corners Regional Health Center
  - Sanostee Health Station
  - Toadlena Health Station
- Crownpoint Indian Hospital - Crownpoint, NM
  - Pueblo Pintado Clinic
  - Thoreau Clinic
- Gallup Indian Medical Center (GIMC) - Gallup, NM
  - Tohatchi Health Center



Public Law 93-638

- The Indian Self-Determination and Education Assistance Act, Public Law 93-638, as amended:
  - Provides Tribes the option to assume, from IHS, the administration and operation of health services and programs.
    - Sometimes referred to as "638s" or "Tribal Health Centers."
- Support is provided by Indian Health Care Improvement Act, Public Law 94-437
- Types of "638s"
  - Compacts – Tribes fully assume administrative responsibilities. Full funding allocation is transferred to tribe.
  - Contracts – Shared administrative responsibility. In some cases, only certain services are contracted as "638s" (e.g., Contract Health Services, Specialties, etc.).

New Mexico's Tribal 638s

- Alamo Navajo Health Center
- Isleta Health Center
- Jemez Health Center
- Santo Domingo Health Center
- Laguna Community Health Center
- Pine Hill Health Center
- San Felipe Dental Clinic
- Sandia Health Center
- Canoncito Band of Navajos Health Center, Inc.

Purchased/Referred Care (PRC)

- Formerly known as Contract Health Services (CHR).
- Allows Native Americans to get health care services outside the IHS network or when IHS is unable to provide the necessary services.
- Does not imply care will be paid as services must meet the residency, eligibility and notification requirements
- Use of alternate resources like Medicare, Medicaid, VA, private insurance, etc.
- Medical and dental priority guidelines.
- Requirements are based on specific legislation, Federal regulations, policy and guidelines.
- Budget must stay within annual Congressional funding allocations.

Barriers to Obtaining Health Coverage

- Perceptions of Federal Trust obligation
- Out-of-pocket costs (e.g., premiums, deductibles, copayments)
- Complexity/confusion around health insurance
- Lack of outreach and education about the value of health insurance
- Perceived lack of value of health insurance due to free/low-cost care at IHS or Tribal Health Care Centers
- Insufficient health care delivery systems in rural areas
- Distrust of insurance companies
- Cultural barriers

Culture, Traditions, and Core Values

- Each Nation, Tribe, and Pueblo has:
  - Various cultural, linguistic, and communication traits that impact accessing health care coverage and health care.
  - An extensive history of oppression, dislocation, and mistrust.
  - Unique concepts of health and health care.
  - Traditional concepts of physical, mental, spiritual, and environmental.
  - A perception of "Wellness and Health"- Balance/Harmony.
- **Note**: Each Nation, Tribe, and Pueblo is unique and there is no overall approach to cultural competency.

Cultural Communication and Beliefs

- Applies to most Native Americans:
  - Direct eye or physical contact is not always appropriate.
  - It is common to look down or avert the eyes.
  - Non-verbal communication is common (e.g., hand or eye gestures).
  - Humor and storytelling are a common form of communication.
  - Show strong respect for traditional practices and beliefs, including the mental, physical, spiritual, and physical environment.
  - Gender roles are very important. Many have very clear male and female roles. This impacts decision-making, physical and eye contact, and personal space.

Cultural Communication and Beliefs (Continued)

- Many believe that if you speak of sickness or death, you will summon the sickness or death.
- Meals are often the center of family and community activities (e.g., feast days).
- Direct conversation can be viewed as disrespectful.
    - Often polite conversation is required prior to a direct conversation.
- In an inpatient setting, many will seek the aid of a traditional healer.
- If ceremonial items are present, assisters should not touch them.
- Assisters should remember when visiting Native communities to keep in mind that they are being observed.
    - What they do or say will impact later visits.

Special Provisions ACA: Limited Cost-Sharing

- Native Americans with income above 300% of the federal poverty level (FPL):
  - Can enroll in a limited cost-sharing plan which means no copayments, deductibles, or coinsurance when receiving care from Indian health care providers.
  - When receiving essential health benefits (EHB) through a qualified health plan (QHP), Native American **consumers will need a referral from an I/T/U provider** to avoid cost-sharing.

Special Provisions ACA: Zero Cost-Sharing

- Native Americans with income at or below 300% of FPL:
  - May be able to enroll in a zero cost-sharing plan which means no copayments, deductibles, or coinsurance when receiving care from Indian health care providers or when receiving EHB through a QHP.
  - In addition, there is **no need for a referral from an I/T/U provider** when receiving EHB through the QHP.

Special Provisions IHS and ACA

- Not required to contract with carriers
- Many seek to negotiate rates and contract for services
- IHS or Tribal Facilities cannot collect copayments
- Cost-sharing reductions (CSR) in zero cost-sharing and limited cost-sharing at any level plan, depending on income
- Access to multiple provider networks
- Enrollment timelines
- Ability to switch plans monthly

Key Principles when Working with Native American Communities

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- Recognize and respect tribal sovereignty.
- Work effectively with tribal leaders and staff by obtaining permission to work within their nations, tribes, or pueblos.
- Improve government-to-government relationships.
- Efficiently address tribal issues and concerns.
- Create mutually beneficial outcomes.
- Develop meaningful collaboration.
- Enhance communications, trust, and positive relations.
- Respect and accommodate unique cultures, languages, laws, and values.
- Use of any type of recording media is discouraged (e.g., cameras, recorders, or cellphones).
- **Reminder**: Native Americans do not receive free health care.

BeWell Native American Liaison

- Miranda Tso works on the outreach team and is the BeWell Native American Liaison.
- She leads BeWell's Native American outreach and tribal partnerships. She is also available to support staff with any questions or additional information.
  - mtso@nmhix.com

Additional Resources: History and Policy

- The Dawes Act (1887)
- Period of Bureau of Indian Affairs (BIA) Boarding Schools
- Indian Reorganization Act (1934)
- HR 108 (1953)
- Indian Self-Determination and Education Assistance Act (P.L. 93-638) (1975)
- New Mexico State-Tribal Collaboration Act (2009)

Key Points

- Native Americans in New Mexico bear a disproportionate share of poor health statuses and disease.
- Native Americans comprise approximately 2% of the U.S. population and 12.4% of the New Mexico population; therefore, addressing their health care needs in a culturally appropriate manner is of utmost importance.
- There are two types of health care facilities that specifically serve Native American populations: IHS Direct Care Facilities and P.L. 93-638 Facilities.
- The ACA makes special provisions for working with Native American populations.
- BeWell works to improve understanding of the Native American populations that reside in New Mexico, increase understanding of health care delivery systems that serve Native American populations, and improve awareness of Native American culture and communication protocols by reviewing cultural beliefs, practices, and traditions.


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