

Indiana Native American Indian Affairs Commission (INAIAC)
Health Subcommittee Meeting Minutes
Wednesday, July 22, 2015
1:00 pm – 2:00 pm Eastern Time

The Health Subcommittee was called to order at 1:05 pm.

Commissioners Present: Kenny Eagle, Joe Moser, Shirley Payne (for Brittany Sanders)

Staff Present: Kerry Steiner

Kerry Steiner began the meeting by sharing the content of a phone call she had with Doug Poe at the American Indian Center of Indiana (AICI), about the grant they receive through the Indiana Minority Health Coalition (IMHC). AICI has done health screenings for blood glucose screenings, diabetes, blood pressure and heart disease, among others. Mr. Poe said if he were able to provide each participant with a small stipend it would be an incentive to get them to participate. He collects this data and provides these screenings at Native gatherings and pow wows around the state. Some of the surveys involve tracking the patient for a period of time after the screening was done so long-term data is collected. Under an IMHC grant, Mr. Poe has also done a survey for mothers who smoke during pregnancy.

Kenny Eagle stated there are many in his county who do not have tribal enrollment cards because of the history of the Native people and therefore they may not have access to health care services. A member of the public responded that INAIAC's mission is to be a clearinghouse of information and resources rather than to provide direct health care.

A member of the public asked if AICI can use participants who self-identify as Native Americans to which Kerry Steiner responded that they could; therefore, the Commission would need AICI to separate the data gathered by those who are enrolled in federally recognized tribes and those who are not. AICI's data gathering survey information can also follow a person if they move to another state, providing they update their address information.

A member of the public asked if IU was providing supplies or referring people to a free clinic, to the Pokagon health care facility or referring them back home as often happens, adding that it was a goal at the formation of INAIAC to create a clinic for Native people in the state of Indiana.

Kerry Steiner asked how much information does the Department of Health have on the American Indian/Alaska Native (AI/AN) population in Indiana and Shirley Payne responded that she will check into that and provide the answer at a later date. If the INAIAC has a specific question about a certain population, i.e., Native mothers who smoke during pregnancy, we can contact the IMHC epidemiologist and ask if they have that data already.

Kerry Steiner added that she did contact IMHC prior to this meeting to get a better understanding of where the data they collect goes but it was the end of their fiscal year and no one was able to provide that information at the time. Per the conversation with Doug Poe, the data he collects is sent as a quarterly and annual report to IMHC, who then reports up the chain to national organizations. That information then trickles down to health care providers and Doug Poe attempts to provide them with

cultural competency information so they have a complete picture of the Native American as a person and as an ethnic group.

Shirley Payne said she would also check to see where this information goes and provide a response, adding that she's concerned it may go into a report somewhere but go no further.

A member of the public asked if diabetes was the only thing AICI screened for and Kerry Steiner responded that they also do blood pressure checks, cholesterol and glucose screenings.

Joe Moser stated the information is likely sent to the Center for Disease Control (CDC) and Shirley Payne added that all data collected by the Indiana Department of Health is also sent to CDC. Joe Moser said that a Special Program for Diabetes for Native Americans and could be Indiana-specific, and proposed finding out if there are any recipients of this grant in Indiana.

A member of the public added that if the Miami Indians of Indiana get federal recognition then they would be the ones to apply for it and Joe Moser added that, yes, it might be the tribes and Indian Health Service (IHS) facilities that apply for the funding.

A member of the public suggested we check and see if this program is still available and Joe Moser said it's called the Special Program for Diabetes for Native Americans and it's run through IHS.

A member of the public said if we can get a hospital willing to create a partnership with a tribe then that would be the way to get the program to exist.

Joe Moser explained that the HIP 2.0 health program in Indiana is for low income individuals (Medicaid) regardless of their ethnicity and that the contribution is waived for Native Americans. Regardless of which health program a person chooses, there is no payment as long as their Native American status is verified.

A member of the public asked if the state of Indiana's health program gets any money from the tribes and Joe Moser responded they do not, that the funding comes from the federal level. Kerry Steiner asked about those individuals with a higher income level who do not qualify for the Medicaid-type program and Joe Moser explained that those individuals would have co-pays and coverage through their employer.

A member of the public stated the closest health care clinic is in either Chicago or Dowagiac, Michigan. Joe Moser stated that contracted health care services can be obtained through IHS and allows for payments to non-IHS facilities. Kerry Steiner agreed to look into this program and report back to the Subcommittee.

Kerry Steiner reiterated that we need to find out what data is being gathered and where it goes. A member of the public said we should also consider gathering data for mental health and addiction, adding that mainstream methods for addiction do not work for Native people. Kerry Steiner added that cultural competency presentations might be helpful at the point where services are being rendered.

Joe Moser added that infant mortality and mothers who smoke during pregnancy is a concern within his agency, Family and Social Services (FSSA), and reported that 30% of mothers in Indiana smoke during pregnancy and FSSA would like to see that number decline.

Kerry Steiner asked if INAIAC wants to gather this information or support those who are already gathering data and a member of the public suggested we support those who are gathering it but ensure that INAIAC sees the survey first.

A member of the public asked if FSSA is already doing this and Joe Moser stated FSSA only collects data on those who are Medicaid recipients; he added that the top three areas of interest as he sees it would be:

1. Diabetes
2. Mental Health and Substance Abuse
3. Pregnancy and Birth Outcomes

He added that the national data compares the Native population to the general population and he feels these three areas would be worthy of INAIAC's attention.

Shirley Payne reiterated that she will follow up on the state level data and pass that information on when she receives it.

The meeting adjourned at 2:12 pm.