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# Care for Indigenous people

Developed in collaboration with Open Minds
Published: November 2023

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> “It all comes back to our heritage and our roots. It is so vital that we retain our sense of culture, history, and Tribal identity.”
>
> — Wilma Mankiller, Cherokee Nation of Oklahoma

## Contents

# Executive summary

In this paper, Carelon Behavioral Health (Carelon) will highlight its approach to the behavioral health needs and services of the population of people who are Native* to the United States. Studies that have aimed at measuring prevalence of behavioral health concerns in the Native population have found a higher than average incidence of behavioral health diagnoses.

Effective approaches to this varied and multi-cultural population require the type of cultural sensitivity and respect that Carelon strives to bring to all of its work. Lack of this cultural awareness and sensitivity can lead to increased health disparities by discouraging the members of the population from seeking services and even making it harder for people to access services.

# Carelon commitment to Native populations

As a company that embeds whole-person approaches to behavioral healthcare as the core of all it does, Carelon understands that it requires more than just clinical service delivery to be effective. The company work is built upon the knowledge that one's job, relationships, habits, and access to basic resources impact both physical and mental health.

Carelon extends its programming beyond clinical settings to address the behavioral, the economic, the medical, and other social drivers of health that influence equitable, whole-health outcomes. Carelon prides itself on integrating evidence-based treatments and cutting-edge digital tools with empathy to deliver exceptional care.

With the growth of Medicaid managed care programming, companies like Carelon are key to assuring that the diverse group of Medicaid recipients has access to quality care. This requires a commitment to providing culturally competent services and outreach through internal programming, training, network development, and clinical pathways.

In the next section, Carelon will share examples of its commitment to inclusion of underserved and underrepresented populations.

**Tiffany Villines, MPA**, comes to Carelon from the Washington State Healthcare Authority. She understands the importance of inclusion, health equity initiatives, and how important it is for Tribal partners to have a voice. She describes the commitment that exists throughout Carelon, especially in Washington state, in working with the Tribes. She explains, "Washington has a Centennial Accord between the Federally Recognized Indian Tribes in Washington State and the Governor, which provides a framework for a direct government-to-government relationship. The Accord respects the sovereignty of all parties." Each of the three Carelon regions has a direct relationship with the Tribes, so everyone makes an effort to assure that the Tribes are in charge of defining what is important to them.

The partnership with Tribes, and the longstanding focus of Carelon, is to make sure that services are available and accessible. Carelon has worked to develop relationships with Tribal partners and has invited them to participate in the building of crisis protocols. Keeping the focus on respect, cultural awareness, and flexibility is key. Villines explains, "the Tribes have different areas of concentration and focus, so it's important for Carelon to 'discuss with' rather than 'prescribe to.'"

* There are many descriptors used for this broader population. While federal initiatives include the Bureau of Indian Affairs (BIA) and the American Indian and Alaska Native (AIAN) peoples and the Indian Health Service (IHS), in this paper the term "Native" will be used when referring to members of Tribes, except where explicitly quoted from source material.

Villines' summary explains how respectful, culturally-aware care requires listening and engagement. Building relationships that respect the sovereign status helps Carelon to enhance and improve communication among Tribal partners. Carelon's internal culture, which is focused on respect and understanding, is paramount to assuring and empowering staff to listen, respect, and respond when working with the Tribes.

**James Polo, MD, MBA**, Vice President and Chief Medical Officer, has built a career around a service-forward model of care. The Carelon commitment to both culturally-aware and equitable care is a great demonstration of this service model. He explains that one of barriers to operationalizing culturally-aware care is that many health outreach programs treat cultures and populations as if they are monoliths. For example, there are 534 Tribes that are formally recognized by the federal government. Each Tribe has its own cultural and spiritual identity. Treating each as if all Native populations are the same can actually obstruct or oppose true health equity.

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>
> — Dr. Polo

Dr. Polo notes that success in that goal is connected to the organization itself. If you have an organization that serves others, the organization must have an internal culture of service as well. He states, "How do I approach people with dignity and respect if I don't have that model in my organization?" Dr. Polo notes that his role as a senior leader is more of a coach. He works to ensure that everyone feels included, respected, and that their voice matters. "It is leadership's responsibility to make sure that the action aligns with the words," shares Polo.

One example of this is Dr. Polo's practice of using time at the beginning of a meeting "to honor the Tribe whose land you are on and whose world you are in." He explains, "You have to start out with an acknowledgement of the past. Acknowledging the specific Tribe whose land you are on breaks down barriers."

**Hossam Mahmoud, MD, MPH**, Regional Chief Medical Officer, worked at a First Nations healthcare site in Canada, and he brings what he learned there to all of his work at Carelon. He notes that health equity is the platform upon which all care should be provided. Dr. Mahmoud states, "Health equity is incorporated into everything that we do." Health equity is not just a box to check, and it goes beyond representation and cultural awareness. When considering the health needs of Native peoples, one needs to understand that "cultural genocide," the practice of removing children from Native homes or forbidding the use of Native languages, represents significant intergenerational trauma. This trauma makes itself seen in myriad ways that could lead to a misdiagnosis if behaviors are not assessed through a cultural lens.

Dr. Mahmoud uses this sensitivity and knowledge to help create an environment in which the care provider is aware that being invited in is the best first step to creating a therapeutic relationship. This sentiment translates into Carelon's programming as well. Carelon works to build culturally-aware and effective programs for the Native population by understanding the importance of respect and partnership in the development of that programming.

Dr. Mahmoud stresses that representation, while important, is not the singular goal. “With approximately 3% of the population being Native and less than 1% of the care providers having Native ancestry, representation can’t be the only measure of effective, culturally-informed care,” he explains.[1]

Instead Carelon respectfully approaches programming for this population, and other marginalized groups, with an understanding that the members of the populations themselves are the experts and therefore need to be a leading voice in the creation process.

# Affective disorders and the Native communities

In North America, all Native communities are impacted by the trauma and displacement that is rooted in historical events and realities. Historical events have multigenerational effects, and while the population of Native peoples is not a monolith, there generally exists within the Tribes a shared group identity that is formed by one’s relationship with one’s community, the land, and the ancestors. These realities are one reason that, from a Western medicine perspective, the Native population has a higher prevalence of certain types of illnesses, depression and anxiety among them. Within specific Tribal cultures, many do not have a parallel to “Western” concepts of mental illness. Therefore, providing mental health and substance use disorder services to the population must be approached in a culturally-aware manner.

In fact, since many Tribal cultures embrace the notions of interconnectedness with the earth and focus on balancing the mind, body, and spirit, many who experience anxiety and depression may be more comfortable seeking help from spiritual healers than from traditional medicine providers. For organizations like Carelon, this follows the constructs discussed by Drs. Polo and Mahmoud and Ms. Villines earlier in this document. Effective care for this population requires a holistic point of view.

Due to multiple factors, it has been estimated that the prevalence of mood and anxiety disorders in this population are believed to be 2.5 times higher than the non-Native populations.[2] More concerning, while these numbers vary by specific Tribes, the suicide rate for American Indian and Alaska Native (AIAN) populations aged 15 to 19 is more than double the rate of all other racial and ethnic groups at that age.[2] Therefore, to approach healing, mental health programs for Indigenous persons should address community and traditional knowledge, and designate historical, inter-generational, and racist incident-based trauma symptoms as legitimate trauma. Trauma-informed care is a prerequisite to be invited to work with this population.

> In terms of cultural competency and representation, there is a scarcity of ethnically similar providers available with "approximately 101 American Indian and Alaska Native mental health providers available per 100,000 members of this ethnic group… [and only] an estimated 29 psychiatrists in the United States that identify as being of Indian or Native heritage."[3]

Within the population, there has been a lack of willingness to access care through mainstream providers due to the fear of being stereotyped, ignored, or treated without respect. Cultural competence is a keystone of the outreach that Carelon provides. The goal is to express an understanding and sensitivity to significant cultural traumas and heritages within communities. Carelon is committed to providing care to people with diverse values, beliefs, and behaviors, and considers their social, cultural, and linguistic needs.

The National Institutes of Health (NIH) and its associated program, the National Institute of Mental Health (NIMH), sponsored a webinar to discuss the disproportionate, negative effects of COVID on the Native population. The speakers noted that "while the pandemic is a unique event…what we're seeing now is…dramatically increased stress in people's lives as they deal with illness, loss, unemployment, and disruptions to daily routines caused by both the pandemic and the mitigation measures that followed it." The NIMH has created a "collaborative hub to reduce the burden of suicide amongst AIAN people as an ongoing partnership between NIMH, the White Mountain Apache, and the Navajo Nation with three satellite partners as well.[4]

Marginalization, stigma, discriminatory public policies, and racial trauma are a few of the factors impacting health outcomes in this community. Cultural perspectives of depression and other mental health concerns also affect these outcomes. Accordingly, when health professionals lack awareness of these perspectives and the various Native cultures and traditions, Western medicine and Western approaches to treatment may not achieve the expected benefit.

Most mental health researchers and care professionals have an incomplete or inaccurate understanding of Native cultures, which makes diagnosing a challenge. For example, screening tools that align with Western care models may use language or terminology that is easy to misunderstand or causes confusion. There may also be an inappropriate tendency to treat culturally significant emotions and experiences as expressions of depression.

It is well documented that historical and ongoing traumas among Native populations can cause anger, confusion, and feelings of isolation that may be misdiagnosed as depression when they are, in fact, normal reactions to significant trauma. The atrocities Natives faced at the hands of settlers are not simply tragedies of the past. Lingering discrimination and socioeconomic inequities compound historical trauma, affecting health and wellness in ways that Western care models often fail to address. For these reasons and others, trauma-informed care models are especially important at the diagnostic stage of treatment.

# Current work with Tribes

In terms of current programs with Native people, Carelon's approach has been focused on assuring that the company is responsive to any requests made. In the context of respecting the sovereignty of the Tribes, Carelon ensures that these groups know what services and supports are available and makes it simple for them to ask for assistance as needed.

For example, if one of the Tribes needs help managing the mental health crisis of a person who is outside of Tribal lands, they know that Carelon is available and willing to assist that person. Carelon is often able to assist if specialized care is required, even if it is not available through standard channels.

The primary focus of offering assistance to the Tribes is to ensure that it is being offered on their terms and not imposed or pushed on them. Approaching this work with the respect for the autonomy of the Tribes allows for the organization to be a part of community meetings, be seen as a resource by the Tribes, and be seen as a good partner.

# Background

## Demographics of Native populations in the US

There are more than 500 federally-recognized Tribes and villages, and over 100 state-recognized Tribes, according to the Bureau of Indian Affairs (BIA). Three-hundred and seventy of these Tribes were recognized through treaties ratified by the United States Senate.

**Research has found that the health status of Native people can be affected by whether they live on or off a reservation directly served by Indian Health Services (IHS):**

- AIAN adults living on Tribal lands reported more affordable mental health treatment in the past 12 months (2.2%) compared with AIAN adults living off Tribal lands (8.3%).[5]

**Approximately 33% of the total population of persons who identify as Native have health coverage via Medicaid or Children's Health Insurance Program (CHIP) coverage.[6] Studies that have aimed at measuring prevalence of behavioral health concerns in the AIAN population have found significantly higher incidences. For example:**

- A 2016 study found that 70% of AIAN men and 63% of AIAN women will meet the diagnostic criteria for at least one mental health condition over the course of their lifetime. That is compared to 62% of non-Hispanic white men and 53% of non-Hispanic white women.[7]

- A 2021 research review found that 14% to 29.7% of AIAN women experience postpartum depression compared to 11% of all women in the United States.[8]

These findings can be challenging when viewed through the lens of culture and race in the US. For example, in one review of a number of prevalence studies, "Researchers note that the very understanding of mental health must be reevaluated when applied to these individuals and communities. For example, a 2021 research article notes that 'mental disorders' such as substance use and clinical depression are '(post)colonial pathologies,' part of a framework that is parallel to but distinct from non-Indigenous psychiatric discourse." [6, 9]

## Medicaid coverage

Medicaid provides health coverage to low-income Native individuals who meet Medicaid eligibility standards regardless of their eligibility to receive IHS services. In 2018, Medicaid covered 1.8 million Native people, including 36% of AIAN adults under age 65. This compares to 22% for non-Native US populations.[6] While Native people make up fewer than 1% of Medicaid beneficiaries nationally, in many states they are proportionally the largest racial or ethnic groups with that coverage. The Affordable Care Act (ACA) and Medicaid expansion have also contributed to a rise of the share of Native persons with Medicaid.

Unfortunately, the rise of access to federal insurance programs did not solve all the access issues faced by Native people. Compared to other adults, Native populations are less likely to report having a usual source of care or provider and are more likely to report avoiding or delaying medical care due to cost or other reasons. In addition, many Native people face barriers to care such as living in remote areas, lack of transportation, and cultural and language barriers.

For example, as per the Medicaid and CHIP Payment and Access Commission (MACPAC), Native persons are:

1. Significantly less likely to report that it is always or usually easy to get needed medical care, tests, or treatments;

2. Significantly less likely to report that it is always or usually easy to get needed mental or behavioral health services; and

3. Significantly more likely to report that they are never able to see a specialist as soon as needed.

Since the Native population has specific needs, the federal government has several special rules related to coverage for this population. The special rules include:

- **Medicaid federal medical assistance percentage (FMAP).** The federal government fully reimburses states for amounts expended for Medicaid services that AIAN beneficiaries receive through an IHS or Tribal facility. These include any service that the IHS or Tribal facility is authorized to provide under IHS rules, which is also covered under the Medicaid state plan. It can also include services provided by non-IHS or Tribal providers under care coordination agreements.

- **Tribal consultation requirements.** The Centers for Medicare & Medicaid Services (CMS), like other federal agencies, is required to engage in regular and meaningful consultation and collaboration with Tribal officials. It must seek consultation and participation of Tribes in the development of policies and program activities that affect them or the relationship between Tribes and the federal government.

Native people report being in poor or fair health at nearly twice the rate of American adults overall

The infant mortality rate is twice that of the white, non-Hispanic population

- **Financial eligibility.** Certain types of income are not taken into account when determining income-based Medicaid or CHIP eligibility for AIAN individuals. These include income from selling culturally significant jewelry or basketwork; per capita payments from a Tribe that come from natural resources, usage rights, leases, or royalties; and payments received from farming, fishing, and natural resources on Indian land trusts.

- **Managed care.** States may not use a State Plan Amendment (SPA) to require AIAN individuals to enroll in managed care unless the entity is an Indian health provider. AIAN individuals may choose to enroll in a managed care plan. Managed care entities must demonstrate that the number of participating Indian health care providers is sufficient to ensure timely access to services for enrollees eligible to receive services from such providers.[6]

## Access to service

While the IHS funds and delivers health services through a network of programs and facilities, it only provides the services that are available at a local facility. Since it is not an entitlement program, it provides services only to the extent permitted by its annual federal appropriation and a limited amount of revenue from other sources (such as reimbursement from insurers like Medicaid). Many researchers and policy groups have indicated that the program has been underfunded historically, and so there are some Medicaid protections that apply only to the Native population. MACPAC has issued a report that focuses specifically on the role of federal programs for the Native population.

One of the areas of complexity in ensuring and providing health services to the Native community is the geographic disparity. The MACPAC reports note that many Natives experience persistent economic and health disparities." Nearly one quarter (23 percent) of Native people live in poverty, almost double the national poverty rate, and have significantly higher rates of unemployment, lower rates of home ownership, and are less likely to have a bachelor's degree."[10]

In addition to economic disparities, there are also many reported health disparities. The report indicates:

- Native people report being in poor or fair health at nearly twice the rate of American adults overall (20.6 percent versus 12.1 percent).[10]

- The infant mortality rate is twice that of the white, non- Hispanic population (9.2 per 1,000 live births versus 4.7).[10]

- Higher rates of many chronic conditions, including obesity, heart disease, and diabetes, as well as behavioral health conditions such as alcohol and substance use disorders (SUD) and mental health disorders.[10]

# Conclusions and summary

"The challenge for companies like Carelon is how to recognize the differences while still focusing on health awareness. As a healthcare organization, you can't tell communities what they need, you have to ask them what they need."

This quote, from James Polo, MD, MBA, Vice President and Medical Director of Carelon, aptly defines the commitment of the company to comprehensive, culturally-aware, and respectful partnering for underserved communities. There are over 550 diverse Native communities that represent strong and resilient nations throughout the country. However, a history of genocidal practices, cultural assaults, Western biases, and continuing oppression contribute to high rates of mental health and substance use disorders. Lack of resources for mental healthcare and numerous barriers to services maintain these disparities.

Carelon, along with its contracted community mental health workers, assures that there is a respectful and broad understanding of history, culture, and traditional views of health and wellness when creating or assessing programming when developing for the Native population. The continued focus is and will be the reduction of barriers to care while promoting health, self-determination, and inclusivity in care provision. The Native community mental health workers, alongside a growing workforce of aware and informed care professionals, may create a system which uses Native worldviews and healing traditions in concert with the latest science of effective care.

## Sources


1 United States Census Bureau, *2020 U.S. Population More Racially and Ethnically Diverse Than Measured in 2010* (accessed November 2023): census.gov.

2 National Library of Medicine, National Center for Biotechnology Information, *Prevalence and Correlates of Mental Disorders Among Native American Women in Primary Care* (accessed November 2023): ncbi.nlm.nih.gov.

3 Anxiety & Depression Association of America, *Native and Indigenous Communities* (accessed November 2023): adaa.org.

4 National Institute of Mental Health, *Mental Health in American Indian and Alaska Native Communities* (accessed November 2023): nimh.nih.gov.

5 Centers for Disease Control and Prevention, *National Health Statistics Reports, Health Conditions and Health Care Use Among American Indian and Alaska Native Adults by Tribal Land Residential Status: United States, 2019-2021* (accessed November 2023): cdc.gov.

6 MACPAC, Medicaid and CHIP Payment and Access Commission, *Medicaid's Role in Health Care for American Indians and Alaska Natives* (accessed November 2023): macpac.gov.

7 National Library of Medicine, National Center for Biotechnology Information, *Psychiatric Disorders and Mental Health Treatment in American Indians and Alaska Natives: Results of the National Epidemiologic Survey on Alcohol and Related Conditions* (accessed November 2023): ncbi.nlm.nih.gov.

8 MCN The American Journal of Maternal/Child Nursing, *Postpartum Depression in American Indian/Alaska Native Women: A Scoping Review* (accessed November 2023): journals.lww.com.

9 American Psychological Association, APA PsycNet, *The (post)colonial predicament in community mental health services for American Indians: Explorations in alter-Native psy-ence.* (accessed November 2023): psycnet.apa.org.

10 PsychCentral, *Depression in Indigenous Communities: Cultural Understanding Matters* (accessed November 2023): psychcentral.com.

11 Mental Health America, *Native and Indigenous Communities and Mental Health* (accessed November 2023): mhanational.org.