



Office of American Indian Health

2025 REPORT TO THE MINNESOTA LEGISLATURE

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Executive Summary

The Office of American Indian Health (OAIH) [was created in 2023](#) to improve the health and well-being of Minnesota American Indian communities and ensure Tribal Nations and urban American Indian communities are represented in all of Minnesota's public health initiatives. The Office of American Indian Health partners with American Indian communities and the 11 Tribal Nations that share geography with Minnesota to address long-standing health disparities. The office provides policy and program recommendations to improve American Indian health outcomes, issues grants to Tribal Nations and urban American Indian organizations to address fundamental issues that affect health outcomes, and increases technical assistance and workforce development that recognizes the inherent sovereignty of Tribal Nations.

After several years of requests from Tribal partners for focused support in Tribal public health and extensive discussions among agency leadership, the Minnesota Department of Health (MDH) made the decision to create the Office of American Indian Health in 2021. This initiative was initially included as part of the federal Health Equity Grant provided by the Centers for Disease Control and Prevention (CDC).

In July 2021, the CDC funded this grant along with several other health disparity initiatives. Using this funding, MDH began hiring for the office in December 2021, onboarding three FTEs to engage in focused Tribal Public Health support. Subsequently, MDH hired an Office Director to lead the office and its initiatives.

Recognizing that the federal funding was temporary, MDH sought state resources to permanently sustain the office and its vital role in supporting Tribal Public Health initiatives. In the 2023 legislative session, Minnesota legislators approved funding to establish the Office of American Indian Health and provide ongoing grants to Tribal Public Health partners. This funding represents a significant milestone in the state's history, marking a deep commitment to addressing health disparities and strengthening partnerships with Tribal communities.

Background

The Office of American Indian Health is established through Minnesota Statute 144.0757 to address unique public health needs of Tribal Nations and American Indian communities across Minnesota. The statute lists seven goals for this Office. Progress toward each of these goals is highlighted in the [goals section](#) of this report.

American Indian Tribal Nations have a unique political and legal status in the United States. As sovereign nations, Tribes can and do govern, protect, and enhance the health and safety of their citizens. Tribal sovereignty has been upheld through treaties, the constitution, case law, statutes, and agreements. This inherent authority means that Tribes can define their citizenship and make and enforce laws. Tribal Nations have jurisdiction on their own lands and are responsible for education, resource management, health care, and more. Tribal governments can create laws that are stricter or more lenient than state laws. The nation-to-nation relationship Tribes have with the United States and Minnesota is political in nature and is not based on race or ethnicity. It is essential to recognize that the United States and the State of Minnesota have a unique legal relationship with federally recognized Tribal Nations, as affirmed by the Constitution of the United States, treaties, statutes, and case law.

The State of Minnesota is home to 11 federally recognized Tribal Nations with elected or appointed Tribal governments. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota benefit significantly from working together, learning from one another, and partnering where possible.

The history of American Indians is one of great strength. It is a history built on values that have shaped American Indian culture and communities for generations: respect for elders, caring for family, a sense of responsibility to take care of the land, and a belief that the current generation should make a better world for the next generation.¹ It is a history of resilience through significant pain and injustices including (but not limited to) broken treaties, mass murder, boarding schools, and land theft. It is also a story of current lived experience surviving racism, the devaluation of American Indian culture, and biased history taught in schools.²

American Indian women, children, and families experience the greatest health disparities in Minnesota. These disparities are caused by historical trauma, racism, and continued colonial practices and policies that create barriers to opportunity and the ability to thrive. Oppressive systems have denied American Indians access to adequate health care, employment, and food and nutrition. This has led to greater child poverty rates, a larger number of children growing up in single-parent households, greater rates of placement in out-of-home care, and lower high school graduation rates. In 2019, the American Indian child poverty rate³ was 37.1 percent compared to 11.2 percent of all Minnesota children living in poverty.⁴ More than half (51.4 percent) of American Indian children are growing up in single mother families.⁵ Only roughly 50 percent of American Indian youth graduate from high school.⁶ Compared to White children, American Indian children in Minnesota are 18.5 times more likely to be placed in out-of-home care.⁷ There are approximately 100,000 to 120,000 American Indians in the state of Minnesota, making it the smallest racial population in the state, yet American Indians suffer from the

¹ Echo Hawk Consulting. Reclaiming Native Truth. <https://illuminatives.org/reclaiming-native-truth/>

² Echo Hawk Consulting. Reclaiming Native Truth. <https://illuminatives.org/reclaiming-native-truth/>

³ Minnesota Department of Health. People in Poverty in Minnesota, 2019. [People in Poverty in Minnesota: MNData Access - MN Dept. of Health - MN Data](https://data.web.health.state.mn.us/poverty_basic) (https://data.web.health.state.mn.us/poverty_basic).

⁴ U.S. Census Bureau; American Community Survey, 2019 American Community Survey 1-Year Estimates, Table B17020C; generated using data.census.gov; (25 March 2021).

⁵ Minnesota Department of Health. 2017 Minnesota Statewide Health Assessment. http://mncm.org/wpcontent/uploads/2018/01/2017-Health-Equity-of-Care-Report_unencrypted-1.pdf

⁶ Mary Lynn Smith and Natalie Rademacher, Star Tribune. 2019. Minnesota high school graduation rates rise slightly. <https://www.startribune.com/minnesota-high-school-graduation-rate-hits-all-time-high-state-says/568518622/>

⁷ Children and Family Services. Minnesota Department of Human Services. (2018). Minnesota's Out-of-Home Care and Permanency Report, 2017. Retrieved March 4, 2021. <https://www.leg.mn.gov/docs/2018/mandated/181111.pdf>

worst health disparities of all racial populations in the state. According to the 2024 state health assessment, 24 percent of American Indians live below the poverty level. MDH recognizes that American Indians nationwide and in the state of Minnesota have lower life expectancies and higher chronic disease incidence than the general population.⁸

While COVID-19 illuminated the disparities in patient outcomes for American Indians, it also placed a spotlight on long-standing and significant disparities experienced by American Indian populations both residing on the 11 reservations across Minnesota as well as those in urban communities. The Office of American Indian Health⁹:

- Aims to address the underlying structural and systemic issues that have created and sustained poor health outcomes among American Indians in Minnesota for many years.
- Works in partnership with Tribal Nations and urban American Indian organizations to support the development and/or maintenance of American Indian public health approaches *by and for* American Indians in Minnesota to address the underlying causes of health disparities and advance health equity.
- Provides overall leadership for the development of holistic health and wellness strategies to improve health, support Tribal/urban American Indian public health leadership, and enhance self-sufficiency through proven efforts.
- Provides technical assistance to Tribal and American Indian urban community leaders to develop culturally appropriate activities to address public health emergencies.
- Works with all MDH divisions and sections to improve the health and well-being of Minnesota American Indian communities and ensures Tribal and urban American Indian communities and their perspectives are represented in all public health initiatives.
- Improves data collection, analysis, and reporting to document, assess, and plan for addressing health disparities among American Indians.
- Develops, implements, and supports a Tribal grants program that supports Tribal public health initiatives by and for Tribal and American Indian communities.

American Indians are a strong and resilient population, but the impact of colonization and racism continues to impact families and children and the poor outcomes we see today. Federal and state governments have historically not invested the resources needed to support Tribal and urban American Indian public health systems. The Office of American Indian Health is a first step towards investing in Tribal and urban American Indian communities at similar levels as Minnesota invests in all other populations and communities.

In discussions with American Indian Tribal health directors and urban American Indian public health leadership, several issues and themes have been raised and are addressed by the work of OAIH and are discussed in more depth in the [goals section](#) of this report.

⁸Minnesota Department of Health. 2024 Minnesota Statewide Health Assessment.
<https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.pdf>

⁹ Minnesota Department of Health, Office of American Indian Health:
<https://www.health.state.mn.us/about/org/indianhealth/aboutus.html>

Office of American Indian Health Accomplishments

OAIH is already making progress in developing capacity and infrastructure to address unique public health needs of American Indian Tribal communities in Minnesota.

In 2023 there was a great deal of leadership and staffing turnover within this newly established Office.

In January 2024, Kris Rhodes, MPH (Anishinaabe, Bad River Band of Lake Superior Chippewa and Fond du Lac Band of Lake Superior Chippewa) was hired as the OAIH Director. In February 2024, Ravyn Gibbs, MPH, MSW, LSGW (Anishinaabe) was hired as the MDH Tribal Liaison. In April 2024, Christine Godwin, MPH, was hired as the Program Supervisor. Hiring highly qualified and experienced employees has been a priority to build the necessary infrastructure and capacity needed. By July 2024, the Office of American Indian Health had hired eight staff that include: Office Administration, Finance, Communications, Program Supervisor, and three Program Specialists. There are plans to hire a Tribal Practices Coordinator, Health Policy Coordinator, Health Equity Data Scientist, and up to three student interns in the next year.

OAIH hosted a celebration event at the Minnesota State Capitol in May 2024 that included speakers from MDH, state government, and Tribal leaders. The event also included a drum group and a meal. Lt. Governor Flanagan shared her support for the office,¹⁰ stating “we need an Office of American Indian Health because it’s incredibly important not just to our community, but to the entire future of the state of Mne Sota Makoce as a whole.” OAIH was honored to have attendees from across the state join us to celebrate the office and the work being done in Tribal communities and by urban American Indian organizations. MDH Commissioner Cunningham said¹¹ “we gather to connect, learn together, and celebrate the important work being done by this office and on the ground in Tribal communities.”

OAIH priorities in FY 23-24 included building relationships within MDH and with Tribal Nations and urban American Indian organizations. Relationship-building with Tribal and urban American Indian public health leaders is an ongoing priority with individual meetings, quarterly Tribal and Urban Indian Health Directors meetings, and communication channels. The meetings are focused on understanding priorities and needs of the Tribes and urban organizations so that MDH and the OAIH is prepared to provide appropriate support and response. Relationship-building with MDH leadership and colleagues included meetings with leadership and

¹⁰ Native News Online. Minnesota Opens New Office of American Indian Health, June 3, 2024. <https://nativenewsonline.net/health/minnesota-opens-new-office-of-american-indian-health>

¹¹ Kare 11. State launches Office of American Indian Health, May 30, 2024. <https://www.kare11.com/article/news/local/state-opens-minnesota-office-of-american-indian-health/89-98ccc881-989d-4efb-af0a-f0858213c801>

teams across the agency. These relationships are vital to collaboration and investments across the agency. They also help with efficiencies for all American Indian programming statewide.

Communications accomplishments are of note for the OAIH in this developing period. Heather Brink (Fond du Lac Band of Lake Superior Chippewa) came to the OAIH with a great deal of public health communications expertise and quickly accomplished a lot to improve communications with multiple audiences through a comprehensive OAIH communications plan, monthly newsletter (launched in May 2024), OAIH templates and branding, talking points, and presentations.

OAIH strategic planning is underway and is a critical component to furthering the OAIH direction in a way that is firmly grounded in Tribal teachings and practices and addresses the public health priorities of Tribal and urban American Indian community within the realities of MDH resources and priorities.

Office of American Indian Health Goals

Coordinating with Tribal Nations and urban American Indian community-based organizations

(1) coordinate with Minnesota's Tribal Nations and urban American Indian community-based organizations to identify underlying causes of health disparities, address unique health needs of Minnesota's Tribal communities, and develop public health approaches to achieve health equity;

OAIH works closely with Tribal Nations and urban American Indian community-based organizations to identify the public health priorities and needs of each nation and community. This work begins with a shared understanding of the health disparities data, the underlying causes of these health disparities and American Indian public health approaches to achieve health equity.

We do this through ongoing communication and relationship building with Tribal and urban American Indian health leaders. In communication during 2024, Tribal and urban American Indian health leaders have identified the following priorities and needs that they would like to see addressed by MDH and the OAIH:

- Sovereignty and Trust Responsibilities
- Direct Funding and Grant Processes
- Workforce Development and Retention
- Cultural Integration and Indigenous Knowledge
- Public Health Capacity and Accreditation
- Environmental and Infrastructure Issues
- Mental Health and Rural Health
- Substance Use and Infectious Disease
- Challenges with Government and Legislation

The OAIH coordinates the quarterly MDH Tribal and Urban Indian Health Directors meetings. These meetings provide opportunities for American Indian health leaders to meet with MDH leadership on topics of significance to support effective and timely American Indian public health actions.

The urban American Indian population is a significant component of the work of the OAIH as more than half of American Indian population in Minnesota lives in the urban areas of the seven-county Metropolitan area¹². OAIH regularly attends meetings of the Metropolitan Urban Indian Directors and specifically the health committee to maintain a pulse on the public health priorities and needs of urban American Indians.

OAIH works in partnership with Tribal Nations and urban American Indian communities to develop, strengthen, and maintain Tribal public health systems that impact health and wellbeing. Tribes are sovereign nations and working together requires timely communication, partnership development, and respect.

MDH and Wilder Research interviewed several Tribal leaders, MDH staff members, and a representative from the Governor's office for a report on the COVID-19 pandemic response titled 'Telling our COVID-19 Story.' A Tribal representative stated: *"We feel blessed in our relationship with MDH. We didn't feel left out there on our own. Because we had that relationship and constant communication with [MDH staff member], we never felt out in the lurch. We had a partner. And I know our Tribal leadership felt that way as well."*¹³ And an MDH staff member shared this quote: *"[Staffing] structures [at MDH] are temporary. We need a team like one developed for the pandemic. We have health issues that more profoundly affect American Indian tribes and urban Indian people. It can't be a one-person shop like it was before the pandemic. There needs to be a team we can rely on."*

¹⁴

Strengthening Capacity of American Indian and community-based organizations and Tribal Nations

(2) strengthen capacity of American Indian and community-based organizations and Tribal Nations to address identified health disparities and needs;

Historically, chronic underfunding and a lack of investment in Tribal public health infrastructure contributed to vast health inequities in Tribal and American Indian communities. As part of the Tribal-State relationship, MDH is committed to working with Tribes across Minnesota to develop and strengthen public health capacity. Tribal

¹² Minnesota Department of Health. American Indian Health Status in Minnesota, 2018.

https://www.health.state.mn.us/communities/equity/reports/maihsr01demographics_report.pdf

¹³ Telling our COVID-19 Story: Minnesota's Tribal Response to the COVID-19 Pandemic

public health leaders are conducting system capacity assessments using established frameworks to inform and align public health system infrastructure efforts.

The focus of OAIH includes working alongside Tribal partners to understand Tribal public health needs and challenges and uplifting Tribal governments and their public health authority as sovereign nations. OAIH recognizes these gaps, assists with planning, and works to ensure investments are at a similar level to local public health.

OAIH works to strengthen the capacity of American Indian community-based organizations and Tribal Nations to address health inequities. OAIH grant programs directly address key inequities, including COVID and other public health issues as identified by each community. Additional information about the OAIH-managed grant programs can be found in [Administer State and Federal Grant Funding Opportunities](#).

OAIH provides resources that includes funding and technical assistance to all 11 Tribal health departments across Minnesota to be responsive to their needs regarding strengthening the workforce. The resources are being used to support public health system infrastructure and capacity as well as planning and strengthening the Tribal health department workforce.

In FY23-24, eight Tribal health departments completed individual public health capacity assessments that were facilitated by MDH consultants and/or staff. The final reports were reviewed with Tribal health leadership to determine next steps. MDH will use the aggregated results of these public health capacity assessments to guide the development of resources that will support Tribal Nations in achieving their public health system infrastructure and capacity goals.

OAIH continues to develop internal OAIH capacity and simultaneously support Tribal public health system infrastructure work and development through the six infrastructure grants. OAIH partners with grantees in continuing to build on this work through individual and statewide meetings and peer sharing/learning opportunities. Grantees have completed their public health capacity assessments and continue to work toward a plan to strengthen public health system infrastructure by using the FPHR framework¹⁵ to guide planning and workplans continued under other funding streams. Challenges include developing capacity of new OAIH employees with learning and trainings from MDH Public Health Practice team, PHAB, and NNPHI resources while strengthening capacity of Tribal partners to prioritize public health infrastructure efforts while facing ongoing workforce challenges.

OAIH continues to manage four urban grant programs. All grantees continue their activity outputs and programming initiatives as they work to secure funding to move plans forward. With the no-cost extension, OAIH continues to support grantees in finalizing plans and for next steps with shared learning/capacity/resources. Current challenges have been developing capacity of new OAIH employees,

¹⁵ Minnesota Department of Health. Foundational Public Health Responsibilities and Framework: [Foundational Public Health Responsibilities and Framework - MN Dept. of Health](#)

development of new partnerships, and to support grantees in their efforts to readjust planning as they move into this final year of the Health Equity grant and as they work to secure funding to move plans forward.

In ‘Telling our COVID Story,’ Tribal leaders shared their struggles with hiring and retaining the public health workforce: “To find qualified people to work in a remote location is really hard. Currently, we’ve got 15 job openings. Vacations are hard to come by.”¹⁶ Another Tribal leader shared, “There needs to be a lot of work on recruitment, retention, and creating a workforce for health professionals in underserved rural areas, which are often Tribal.” And a third Tribal leader shared,¹⁷ “Some of the biggest problems our reservation deals with is turnover in key positions...That stability in key places is incredibly important and seems to be something we struggle with.”¹⁸ And finally, an MDH staff member shared their vision for OAIH, stating “I look at an Office of American Indian [Health] as something that needs to be foundational. As we look into the 21st Century work, what is foundational, and the kinds of things that the agency needs to strengthen, so they can serve the whole agency. It cannot be limited to the thought ‘our program has extra money, so we can hire someone to focus on Native American cultures in specific types of work.’”¹⁹ OAIH will continue to support Tribal Nations and urban American Indian organizations in strengthening Tribal public health capacity.

Administer State and Federal Grant Funding Opportunities

(3) administer state and federal grant funding opportunities targeted to improve the health of American Indians;

Grant programs

In 2023 and 2024, OAIH managed six state and federal grant programs to Tribal Nations and urban American Indian organizations. The four federal grant programs are: COVID Vaccine Implementation, CDC Health Equity Tribal Public Health Infrastructure (TPHI) and Urban Health Equity, and CDC Public Health Infrastructure Grants (PHIG). The four state grant programs are: Tribal Block Grant (EHD, MCH, & General Public Health Flex), Foundational Public Health Responsibilities (FPHR), and American Indian Special Emphasis (AISE). A description of each program and the list of grant recipients are below.

¹⁶ Telling our COVID-19 Story: Minnesota’s Tribal Response to the COVID-19 Pandemic

¹⁸ Telling our COVID-19 Story: Minnesota’s Tribal Response to the COVID-19 Pandemic

¹⁹ Telling our COVID-19 Story: Minnesota’s Tribal Response to the COVID-19 Pandemic

COVID Vaccine Implementation:

Federal funding to promote vaccine confidence and increase vaccination uptake by providing COVID vaccination funds for COVID vaccination-related activities alone, or COVID vaccination activities with other immunization-related activities. Grant recipients include the following Tribal Nations:

- Bois Forte Band of Chippewa
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Lake Superior Chippewa
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Mille Lacs Band of Chippewa
- Prairie Island Indian Community
- Red Lake Band of Chippewa
- Upper Sioux Indian Community
- White Earth Band of Chippewa

CDC Health Equity:

Tribal Public Health Infrastructure (TPHI) & Urban Health Equity: Federal funding through the Coronavirus Response and Relief Supplemental Appropriations Act. This national initiative was implemented to address COVID-19-related health disparities and advance health equity. MDH used this funding to develop the OAIH, support Tribal public health system infrastructure and conduct urban American Indian community-led public health planning. Grant recipients include the following Tribal Nations and urban American Indian organizations:

Tribal Nations

- Bois Forte Reservation
- Fond du Lac Reservation
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Mille Lacs Band of Chippewa
- Red Lake Band of Chippewa
- Upper Sioux Indian Community
- White Earth Band of Chippewa

Urban American Indian Organizations

- American Indian Community Housing Organization
- Minneapolis American Indian Center
- Native American Community Clinic
- NorthWest Indian Community Development Center

Public Health Infrastructure Grant:

A federally funded grant, to recruit, retain, and train a skilled and diverse public health workforce, address longstanding public health infrastructure needs, and increase the size of the public health workforce. Grant recipients include the following Tribal Nations:

- Bois Forte Band of Chippewa
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Lake Superior Chippewa
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Mille Lacs Band of Ojibwe
- Prairie Island Indian Community
- Red Lake Band of Chippewa
- Upper Sioux Community
- White Earth Band of Chippewa

Tribal Block Grant (EHD, MCH, & General Public Health Flex):

The Tribal Public Health Block is a state-funded program. This funding is available to Tribal Nations to support efforts in three areas: 1) the elimination of health disparities, 2) improving maternal and child health outcomes, 3) general public health infrastructure projects as defined by the Tribal government. These grants are designed to work together to address the priority health problems identified by Tribal Nations and the communities they serve. Grant recipients include the following Tribal Nations:

- Bois Forte Reservation
- Fond du Lac Reservation
- Grand Portage Reservation
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Mille Lacs Band of Chippewa
- Prairie Island Indian Community
- Red Lake Band of Chippewa
- Upper Sioux Indian Community
- White Earth Band of Chippewa

Foundational Public Health Responsibilities (FPHR):

Foundational Public Health Responsibilities (FPHR) is a state funding program to strengthen Tribal public health in Minnesota. The purpose of this funding is to strengthen Tribal public health infrastructure and “system transformation.” This funding was created to align with the state and the national PHAB National Framework for Foundational Public Health Services²⁰. Grant recipients include the following Tribal Nations:

- Bois Forte Band of Ojibwe
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Lake Superior Chippewa
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Red Lake Band of Chippewa
- Upper Sioux Community
- White Earth Band of Chippewa

American Indian Special Emphasis (AISE):

State funding to address health equity issues specific to Tribal Nations and urban American Indian organizations, address the health impact of historical trauma, reduce health disparities in American Indian communities, and incorporate a multi-sector approach to address identified disparities. Grant recipients include the following Tribal Nations and urban American Indian organizations:

- | Tribal Nations | |
|-----------------------------------|--------------------------------|
| – Bois Forte Reservation | – Red Lake Band of Chippewa |
| – Fond du Lac Reservation | – Upper Sioux Indian Community |
| – Grand Portage Reservation | – White Earth Band of Chippewa |
| – Leech Lake Band of Ojibwe | |
| – Lower Sioux Indian Community | |
| – Prairie Island Indian Community | |

²⁰ [The Foundational Public Health Services - Public Health Accreditation Board](#)

Urban American Indian Organizations

- American Indian Family Center
- Division of Indian Work
- Interfaith Action
- Mewinza Ondaadiziike Wiigaming
- Minneapolis American Indian Center
- Minnesota Indian Women’s Resource Center

Provide Overall Leadership

(4) provide overall leadership for targeted development of holistic health and wellness strategies to improve health and to support Tribal and urban American Indian public health leadership and self-sufficiency;

OAIH works across MDH to ensure subject matter experts are best equipped to meet the needs of American Indian communities. OAIH is currently hiring additional staff members in the following areas: Tribal practices, health policy, data science, and student interns.

OAIH is starting a strategic planning process to develop a mission statement and goals for the next five years. This planning will include a community engagement process and will guide the work of the office.

OAIH is starting an initiative to help program representatives strengthen relationships with each other at MDH, share best practices, and work to reduce barriers. This initiative is called the American Indian Programs Collaborative and is led by Ravyn Gibbs (MDH Tribal Liaison), Christine Godwin (OAIH Supervisor), and Sarah Brokenleg (Office of Statewide Health Improvement Initiatives). Its goal is to support and empower staff across MDH to work with Tribes and urban American Indian communities more effectively.

OAIH also coordinates a quarterly meeting of Tribal and urban American Indian health directors with the DHS Office of Indian Policy. The agendas for these meetings are guided by Tribal and urban health directors and agency leadership and include updates from across MDH and DHS. These meetings provide an opportunity for Tribal and urban American health leaders to hear directly from MDH leadership about policies and reports that may affect their communities. They also provide an opportunity for networking and relationship building.

MDH Tribal Liaison, Ravyn Gibbs, and OAIH Director Kris Rhodes work collaboratively to develop relationships across MDH and state government, as well as with Tribal elected leadership and Tribal and urban American Indian public health leadership. Ravyn Gibbs prepares the MDH Commissioner for the Minnesota Indian Affairs Council by providing talking points and assistance with relationship building. She also works to schedule Tribal Consultations with each of the 11 Tribal Nations that share geography with the state of Minnesota and ensure that MDH’s Tribal Consultation Policy is followed.

Additionally, OAIH is working to advance American Indian health outside MDH by providing leadership and collaborating across state government, and with academia, health systems, and national partners.

Provide technical assistance to Tribal and urban American Indian community leaders

(5) provide technical assistance to Tribal and American Indian urban community leaders to develop culturally appropriate activities to address public health emergencies;

OAIH provides technical assistance to Tribal Nations and urban American Indian community leaders in several formats.

First, OAIH aims to strengthen public health resources and technical assistance to Tribal and American Indian urban community leaders. This has begun with a series of meetings to build trust and relationships between OAIH and the Tribal and urban American Indian leaders. Ongoing communication occurs in the form of phone calls, emails, virtual and in-person meetings, monthly newsletters and quarterly Tribal Health Director meetings. The Tribal Health Directors meetings include closed session time for group reflection on the meeting content, exchange of information between the Tribal Health Directors, and additional discussion based on the priorities and needs of the Tribal Health Directors.

Second, the OAIH programs team provides ongoing support, resources, and technical assistance to Tribal and American Indian urban community leaders through ongoing communications with grant/program managers at Tribal and urban organizations. OAIH hosts a bi-weekly open office hours with Tribal grantees that includes relevant presentations, technical assistance, and networking opportunities. OAIH is also planning to host a community of practice with urban American Indian grantees that includes relevant presentations, networking opportunities, and technical assistance.

Develop and administer experiences to improve diversity of public health workforce and Identify and Promote Workforce Development Strategies

(6) develop and administer the department immersion experiences for American Indian students in secondary education and community colleges to improve diversity of the public health workforce and introduce career pathways that contribute to reducing health disparities; and 7) identify and promote workforce development strategies for Department of Health staff to work with the American Indian population and Tribal Nations more effectively in Minnesota.

OAIH is working to develop and administer experiences that improve the diversity of the public health workforce. First, OAIH is planning to hire up to three student workers in FY 25-26. Participating in MDH's student worker program will allow OAIH to improve the diversity of the public health workforce by providing opportunities for American Indian college and graduate students to be introduced to public health opportunities at MDH and with Tribal Nations and urban American Indian organizations.

OAIH has a monthly email newsletter that started in May 2024. This newsletter launched with 300 subscribers and continues to be sent out to a large list of subscribers including American Indian public health leaders, elected Tribal leaders, state employees, and those interested in learning more about the Office and the work we are doing. This newsletter spotlights relevant news, events, grant opportunities at MDH and across Indian Country. This newsletter also has a section to highlight job opportunities that are shared by Tribal Nations and urban American Indian organizations.

Tribal Nations and urban American Indian public health leaders have identified hiring and workforce concerns as an issue, so OAIH supports this need by promoting job opportunities and providing resources on hiring and trainings in our monthly newsletter. The OAIH programs team provides hiring resources to grantees that include Tribal and American Indian urban community leaders.

And finally, OAIH is working to re-start a group to support American Indian/Alaska Native staff working at MDH. This group will be to provide introductions, connections, and support to Indigenous employees at MDH. This group will amplify diverse voices within MDH and foster employee inclusion and belonging. By providing support to American Indian employees at MDH, this group supports the diversity of the public health workforce since having support and connections means that employees are more likely to continue working in public health.

Next Steps

OAIH's goals for the next two years include continuing the focus and outcomes as established in state statute and described in this report. OAIH will continue to work to strengthen public health capacity of American Indian community-based organizations and Tribal Nations, to develop relationships within MDH and external partners, and to provide technical assistance to Tribal Nations and urban American Indian organizations and continue to administer grant programs.

OAIH will continue to build internal capacity both on the team and across MDH. OAIH will provide expertise and work to amplify voices in Tribal and urban American Indian communities to improve understanding of American Indian public health systems.

OAIH will continue to center Tribal sovereignty and traditional practices to uplift the health and wellbeing of American Indian communities across Minnesota. OAIH will hire a Tribal Practices Coordinator, who will ensure traditional practices are seen, heard, and valued. Traditional practices within Tribal communities support cultural connectedness, which is essential to physical, mental, spiritual, and emotional wellbeing. The Tribal Practices Coordinator will oversee the planning, implementation, coordination, and evaluation of culturally based community solutions in the OAIH and across MDH.

OAIH will continue to collaborate with MDH's Center for Public Health Practice to support statewide public health system transformation in the areas of Tribal public health system infrastructure and collaborative efforts across governmental public health systems.

OAIH will continue to support Tribal data sovereignty to ensure accurate data collection, analysis, and appropriate data access. As part of this work, OAIH will hire a Health Equity Data Scientist to lead data, research, and evaluation components of American Indian public health initiatives. This position will write and publish reports and articles and share the results with Tribal Nations and urban American Indian communities, OAIH, MDH colleagues, and other key partners.

OAIH will continue to lead policy-driven initiatives that aim to improve the health and well-being of American Indians in Minnesota. As part of this work, OAIH will hire a Policy Coordinator to lead and manage policy initiatives impacting the health of American Indian communities, review, monitor, and analyze public health laws, policies, and procedures, and provide guidance and technical assistance to Tribal Nations, urban American Indian communities, and public health leaders on policy issues.

Short term goals of OAIH include relationship building, communications, strategic planning, and policy improvements.

- **Developing trusting relationships:** All relationships with Tribal Nations, urban American Indian communities, and MDH colleagues should be built on trust.

- **Streamlining grant agreements with Tribal Governments:** Since Tribal Nations are sovereign nations, they have a unique political relationship with the state of Minnesota. OAIH recommends and will work on developing umbrella grant agreements with Tribal Nations to reduce administrative burdens for Tribal governments in their work with MDH. These umbrella grant agreements will include a streamlined general grant agreement that includes specifics for each program across MDH as separate attachments. Improvements to financial reconciliation processes will also be implemented. While these efforts will be developed in the OAIH with the Office of Financial and Grants Management, the processes will ultimately support all grant agreements between MDH and Tribal Governments.
- **Communications:** OAIH will continue to fulfill aspects of the OAIH communications plan developed by the OAIH Communications Specialist. This plan includes a monthly email newsletter, MDH articles, trainings, guidance documents, presentations, and web content including internet, intranet, and SharePoint. The communications efforts will be evaluated using metrics that include page views, link clicks and subscribers. OAIH will continue to provide communications expertise to other bureaus at MDH on communicating to and with American Indian communities.
- **Strategic Planning:** In FY24, OAIH will undergo an initial strategic planning process. Through this process, the office will develop a mission statement and goals for the next five years. The entire team will participate in the strategic planning process to reflect the beliefs, input, and daily work of all team members. As part of this process, OAIH will conduct community engagement sessions in order to ensure the mission and goals of the office resonate with Tribal Nations and urban American Indian organizations across Minnesota.

Long term goals include developing authentic relationships, obtaining sustainable funding, and improving health outcomes.

- **Authentic Relationships:** All relationships with Tribal Nations, urban American Indian communities, and MDH colleagues should be authentic. An authentic relationship is healthy, strong, and honest, and is a step beyond a trusting relationship.
- **Sustainable Funding:** Obtaining sustainable funding is an ongoing priority for Tribal Nations and urban American Indian organizations.
- **Improved Health Outcomes:** The ultimate goal of OAIH is to improve the health and wellbeing of American Indian communities across Minnesota. Improving health outcomes relies on trusting and using traditional practices that support overall wellbeing, better data collection to ensure the health data about American Indian communities is accurate, and stable funding to ensure the work being done in communities and by Tribal Nations and urban American Indian communities can continue.

Resources and Priorities

There are several challenges and opportunities that OAIH will work to prioritize during the next two years:

- **MDH Resources and Guidance:** OAIH will continue to work collaboratively with all five MDH bureaus and provide guidance on working with American Indian communities. Advocating for and implementing new policies may be a challenge and may depend on agency resources and priorities.
- **Statewide Public Health System Transformation:** OAIH will continue work to support statewide public health system transformation efforts. Grant programs managed by OAIH will provide significant

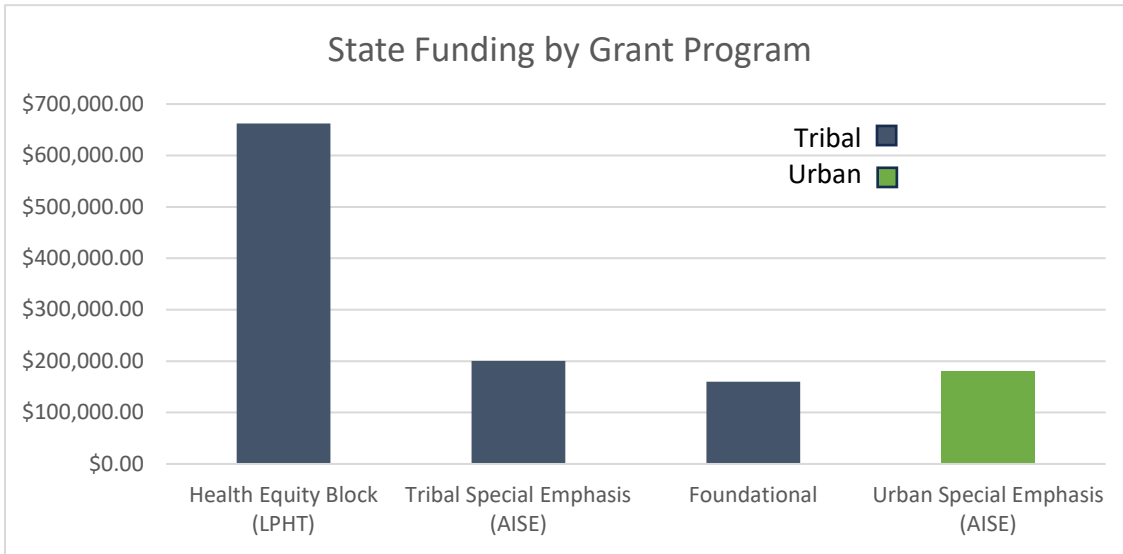
investments towards continuing this work and ensure Tribal Nations have the resources needed to achieve their infrastructure goals. The level of agency resources may impact this work in the future.

- **Tribal Health Director Meetings:** These quarterly meetings are attended by Tribal and urban health directors and agency leadership and include relevant discussions and updates from across MDH. These meetings provide an opportunity for Tribal and urban American health leaders to hear directly from MDH leadership about policies and reports that may affect their communities. In FY 25-26, Tribal health directors will set the agenda and discussion priorities for these meetings.
- **Funding Priorities:** State and federal funding priorities may change in the future. Any changes may impact OAIH and grant opportunities that are available to Tribal Nations and urban American community organizations. While the needs will still exist, funding to match these needs may change.
- **Align funding based on data:** OAIH is working to ensure that funding is aligned based on data. Aligning funding based on data means that documented health inequities that exist among American Indian communities should result in larger investments to address these inequities.
- **Parity in funding mechanisms:** The funding from MDH to Tribal governments across Minnesota should be similar to that of local governmental public health agencies.

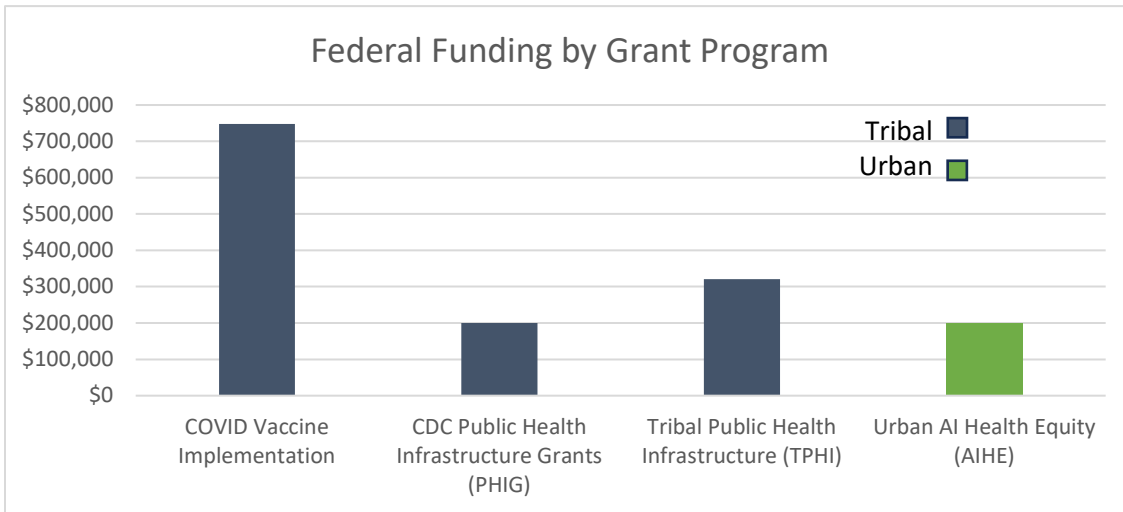
Conclusion

In conclusion, OAIH is working to improve the health of American Indian communities across Minnesota, having built a strong foundation over the last two years. However, this work is only beginning. OAIH has made a lot of progress, has strong goals for the next two years, and has additional work yet to come. OAIH is cognizant of the opportunities and challenges as outlined above and will continue to push towards progress.

State Funding by Grant Program



Federal Funding by Grant Program



APPENDIX A. Minnesota Legislation 144.0757 OFFICE OF AMERICAN INDIAN HEALTH.

Subdivision 1. Duties.

The Office of American Indian Health is established to address unique public health needs of American Indian Tribal communities in Minnesota. The office shall:

- (1) coordinate with Minnesota's Tribal Nations and urban American Indian community-based organizations to identify underlying causes of health disparities, address unique health needs of Minnesota's Tribal communities, and develop public health approaches to achieve health equity;

- (2) strengthen capacity of American Indian and community-based organizations and Tribal Nations to address identified health disparities and needs;
- (3) administer state and federal grant funding opportunities targeted to improve the health of American Indians;
- (4) provide overall leadership for targeted development of holistic health and wellness strategies to improve health and to support Tribal and urban American Indian public health leadership and self-sufficiency;
- (5) provide technical assistance to Tribal and American Indian urban community leaders to develop culturally appropriate activities to address public health emergencies;
- (6) develop and administer the department immersion experiences for American Indian students in secondary education and community colleges to improve diversity of the public health workforce and introduce career pathways that contribute to reducing health disparities; and
- (7) identify and promote workforce development strategies for Department of Health staff to work with the American Indian population and Tribal Nations more effectively in Minnesota.

Subd. 2.Grants and contracts.

To carry out these duties, the office may contract with or provide grants to qualifying entities.

Subd. 3.Reporting.

By January 15, 2025, and every two years thereafter, the commissioner of health shall report to the chairs and ranking minority members of the legislative committees with primary jurisdiction over health policy and finance on the work accomplished by the Office of American Indian Health during the previous two years and on goals of the office for the upcoming two years.