The 360|Report

Minnesota Department of Human Services –
Engage! Pathways to Racial Equity in Medicaid
May-June 2024

Facilitated by MTI

Event Dates: 14 May, 28 May, 5 June, 11 June, 13 June 2024

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DHS Engage! Pathways to Racial Equity in Medicaid
Community Conversations
May-June 2024

The 360 | Executive Summary, Event Overview & Demographics

A collaborative undertaking between Marnita's Table and the Minnesota Department of Human Services (DHS), this focused conversation series was designed to extend the relationship building efforts of the department with American Indian communities in the state of Minnesota in order to gather community insights, priorities and guidance on American Indian experiences with healthcare and Medicaid for the purpose of incorporation into the forthcoming Pathways to Racial Equity report, its call-to-action, and ongoing efforts toward racial equity in Medicaid services. Hosted by Marnita's Table and the Department of Human Services in May and June of 2024, the Engage! Pathways to Racial Equity series brought together 384 community members across the state of Minnesota during two virtual and three-in person events, hosted in Duluth, Minneapolis, and Bemidji.

Table 1: Demographics[1]

	Total Participants	Respondents, Response Rate[2]	IBPOC[3]	Am. Indian.[4]	Under 24/27
Virtual Events	273	157 (58%)	152	110	99[5]

[1] For a more detailed breakdown of the conversation demographics for each event and the project overall, see the addendum "A Note on Project Demographics" at the end of this executive report.
[2] Indicates the number of respondents/response rate for the ethnicity ID question from the sign-in sheets used for the virtual and in-person events. All 273 participants of the virtual events completed sign-in sheets online (overall survey response rate: 100%), while 50 of 111 participants of the in-person events completed hand-written sign-in sheets (overall survey response rate: 45%). Together, between virtual and in-person events, we received a total of 323 paper and online surveys from a pool of 384 total participants, for an overall survey response rate of 84%.
[3] For the in-person events, this number is based on in-room counts, not sign-in sheet data.
[4] Includes variations listing specifical tribal affiliations, variants of "Native," "American Indian," or "Indigenous," and biracial or multiracial American Indian identities.
[5] Although we asked the "Under 24" question in-person (and thus, in-person numbers are based on in-room counts from a demographics activity facilitated during the event), virtual participants were not asked this variation of the question. Instead, they indicated their named generation on the sign-in sheet following the event. Based on this information, it is possible to note that 99 of 273 virtual event participants identified themselves with the

					(aged 4-27)
Duluth	35	9 (26%)	30	8	13
Minneapolis	50	22 (44%)	45	22	10
Bemidji	26	13 (50%)	24	13	11
Total	384	201 (52%)	251	153	133 (*aged 4-27*)

Designed with the intention of centering American Indian voices, approximately 65 percent of participants identified as Indigenous, Black, or other people of color (and least 40% of the 384 total participants identified as American Indian), while over a quarter of participants were under the age of 27. This event was hosted in English.

Event participants had the opportunity to engage with information about Medicaid in Minnesota, how to learn more about renewal processes, and the Department of Human Services' racial equity in Medicaid work to-date during the community conversation, which featured in-depth small group engagement during the Mindstorm guided discussion sessions. Participants of these discussion groups described their experiences with Medicaid (and audio-only telehealth), shared cultural, spiritual and ceremonial health practices they value, identified key priorities for policy development and support, and enumerated challenges they face when seeking healthcare, with many electing to share personal stories and first-hand perspectives on the topic. Analysis of the discussion themes shows that conversations largely focused upon (1) holistic perspectives on health, wellness and care for "the whole person, including the importance of being able to meet basic needs which for many American Indian participants included access to land, water, cultural practices and history, connection and community support, and matters of sovereignty and self-determination; (2) administrative and systemic barriers to accessing and enjoying the full benefits of Medicaid, including navigation and advocacy, information overload, complexity, and communications issues; (3) perspectives on the intergenerational and relational nature of healing, wellbeing, medicine, and care; the need for respectful and compassionate communications, anti-racism and cultural competence, alongside the challenges of grappling with historical violence, addressing anxiety, hesitation and stigma; (4) urban-rural divides and the geographic distribution of resources (and accessibility) in Minnesota, as well as difficulties accessing dental, vision, maternal and perinatal care; and (5) experiences with telehealth, including strengths, challenges, and opportunities.

The series was co-hosted by staff and leadership of the Department of Health and Human Services who helped welcome community members to in-person and virtual events throughout the five-event series of community conversations, with event design and facilitation provided by the Marnita's Table team in the model of Intentional Social Interaction (ISI). Project coordination, logistics and outreach were led by senior project director Sammie Ardito Rivera and training director Lauren Toussaint. Materials design, research, project evaluation and analysis were conducted under the supervision of research director Elexis Trinity with support from operations and evaluation manager Lars Goldstein, editorial assistant Johanna Keller Flores, and other members of the MTI team.

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generation born between 1997 and 2020, a loose proxy for the youth measure (in this case, participants aged 4-27).

The following report consists of qualitative discussion data collected from the above activities and the thematic analysis of their results conducted by the Marnita's Table research team.

Addendum: A Note on Demographics

Given the emphasis of this project on engaging American Indians in Minnesota in conversations about pathways toward equity in Medicaid, the following note details the overall conversation demographics and the breakdowns of each event, both virtual and in-person, with an emphasis on disaggregating Native, Indigenous, and American Indian participants' self-reported ethnicity data from the broader Indigenous, Black and Other People of Color (IBPOC) measures reported in the above executive summary.

Virtual Events:

Among the 273 total participants of the **two virtual events** hosted on Zoom on May 14 and June 13, 2024, 108 participants self-identified as Native or American Indian, 2 participants identified as biracial (Black and American Indian, Norwegian and Native, respectively), 4 identified as Asian or Asian American, 37 identified as Black, African or African-American, 1 (one) identified as Mexican, and 5 identified as White, while 116 participants declined to answer the question. Thus, **across both virtual events, approximately 40% of conversation participants (and 70% of sign-in sheet respondents**, or 110 of 157 respondents to this question) **indicated Indigenous heritage** (including the two biracial participants), based on a 58% response rate for this question. In total, 152 of 157 responses to the ethnicity question self-identified participants from Indigenous, Black or other communities of color, representing 97% of respondents and 56% of participants. All participants of the virtual events are required to complete the sign-in sheet survey (100% response rate), though they are not required to answer every question. Since the survey asked participants to indicate their generation rather than their exact age, we are able to report **that 99 of 273 respondents indicated that they belong to the youngest generation** (born between 1997 and 2020), but not the number of participants under the age of 24.

In-person Events:

Out of 111 participants of the three in-person events hosted in Duluth (May 28th), Minneapolis (June 5th), and Bemidji (June 11th), our in-room research team recorded 99 participants of color including Indigenous, Black and other people of color. Additionally, 34 of 111 participants were under the age of 24.

In **Duluth**, 10 of 26 total participants completed sign-in sheets (survey response rate: 38%), of whom 8 self-reported Indigenous identity (including Fond du Lac, Anishinaabe, Haudenosaunee, Ojibwe, and White Earth), 1 (one) identified as White, and 1 (one) declined to answer (90% response rate for this question). Thus, for **Duluth, 80% of survey respondents (8 of 10) indicated Indigenous heritage.**

In **Minneapolis**, 25 of 50 total participants completed sign-in sheets (survey response rate: 50%), of whom 22 self-reported Indigenous identity (including Anishinaabe Turtle Mountain Ojibwe, Mandan Hidatsa and Arikara Nation, Chippewa – Cree Tribe of Rocky Bay Montana, Leech Lake, Oneida and Ojibwe, Lakota River Sioux Tribe Cheyenne, Saginaw Ojibwe, Kiowa, Cheyenne River, Chippewa, Mi'kmaq and Passamaquoddy, Dakota, Spirit Lake, Red Lake, White Earth, St. Croix Ojibwe, Flandreau Santee, and biracial or mixed race Indigenous identities), while 3 declined to answer (88% response rate this question). Thus, for **Minneapolis, 88% of survey respondents (22 of 25) indicated Indigenous heritage.**

In **Bemidji,** 15 of 35 total participants completed sign-in sheets (survey rate: 43%), of whom 13 self-reported Indigenous identity (including Leech Lake, Red Lake Band of Chippewa/Ojibwe and White Earth), and 2 declined to answer (response rate for this question: 87%). Thus, **for Bemidji, 87% of survey respondents (13 of 15) indicated Indigenous heritage.**

Project Demographic Summary

Across all five events, we welcomed a total of 384 guests to the Table, with 323 participants completing sign-in sheet surveys (online or in person) after one of the events and 201 submitting responses to the ethnicity question. Of these 201 respondents to the ethnicity question, 153 participants self-identified as American Indian (including those of biracial or mixed Indigenous identity). Thus, we can assert that **at least 40% of total project participants (and 76% of those who responded to the ethnicity question on the sign-in sheet) identified as Native, Indigenous or American Indian.** Actual percentages of American Indian participation may have been higher (but not lower) depending upon the (unknown) identity of non-responding participants.

Of the 323 survey respondents (and 384 total participants), **133 participants (or 41% of respondents and 35% of total participants)** indicated that they **belong to the youngest generation** (born between 1997 and 2020).

Since the known percentage of American Indian respondents is higher among those who attended in-person events, the thematic analysis section of this report distinguishes between in-person event feedback and that resulting from the virtual events. In the raw aggregated notes section upon which the analysis is based, whether an event was virtual or in-person, when and where the event was hosted is noted above the feedback submitted from each small group discussion by the scribe/notetaker for each conversation.

DHS Engage! Pathways to Racial Equity in Medicaid
Community Conversations
Mindstorm

Questions for Discussion:
Choose the topic or topics your group finds most important to discuss.

1. **What does health and wellbeing mean to you?** What does it look like to really thrive? Do you feel that you have the things you need to be healthy and well? If so, what are those things? If not, what would help you to thrive and feel well?

2. **Do you have family or cultural traditions and routines related to health that are important to you?** If so, what are they? Are there ways your culture supports or encourages good health? Please share! Do you work with any traditional healers? If not, would you like to? What kinds of traditional healers or healing resources would you like to be able to access? Are there any ceremonies, practices, or resources that you use and value for your health and the wellbeing of your family? Are there any that you don't have access to, but would like to be able to access?

3. **Do you have any experiences with Medicaid / MN Care?** If so, what have those experiences been like? Are there ways that Medicaid / MN Care plays a role in helping or hindering the health and opportunities available to you and your community to thrive? What policies or structural changes should be prioritized to improve the health and opportunity of American Indians in Minnesota healthcare programs (Medicaid/MA and MinnesotaCare)? If you or someone you love needed to enroll in Medicaid / MN Care, would you know what steps to take?

4. **Are there any obstacles you face when seeking healthcare?** If so, are there specific resources or forms of support that would help you to overcome those obstacles? Have you or a family member used audio-only (telephone only) telehealth services to access care? If so, what was your experience? What would you like to see Medicaid / MN care prioritize? Are there any supportive resources you wish more people knew about and were able to access? How can MN Medicaid add value to and support what Tribal nations and American Indian communities are already doing to help members realize their full health and potential?

5. **Do you have any questions for DHS?** Is there anything you'd like to know more about? Anything DHS should know?

6. **Is there anything that we didn't ask that we should have?** What isn't here that you would like to see? Are there any questions you have? Please share your question(s), and any answers that your group discusses.

The 360 Report | Mindstorm Themes & Analysis

DHS Engage! Pathways to Racial Equity
Community Conversations
May-June 2024

Overview & Methodology:

The following is a summary and analysis of the discussion notes submitted by small-group conversation facilitators during the Mindstorm sessions hosted virtually (statewide) and in-person in Duluth, Minneapolis, and Bemidji between May and June of 2024. A collaborative venture between Marnita's Table and the Minnesota Department of Human Services (DHS), this focused conversation series was coordinated to extend the relationship building efforts of the department with American Indian communities in the state of Minnesota in order to inform community members of their options and opportunities to renew healthcare coverage and, most centrally, collect community insights, guidance and wisdom on American Indian experiences with healthcare and Minnesota Medicaid for the purpose of incorporation into the forthcoming Pathways to Racial Equity report, its call-to-action, and ongoing efforts toward racial equity in Medicaid services. This discussion was undertaken by a total of 384 participants in individual small group discussions with dedicated scribes (notetakers) assigned to each group.[6] All events across this series were open to the public and welcomed participants from all over the state of Minnesota.

Participating small groups submitted an aggregate total of 33 pages of notes and transcriptions from their conversations. In keeping with project demographics and priorities, participation was facilitated in English during all events, virtual and in-person. Handwritten discussion notes from the in-person events were transcribed by members of the Marnita's Table research team before analysis. The responses and discussion themes emerging from individual small-group sessions have subsequently been aggregated and deidentified where necessary for the purposes of this analysis. The full text of the submitted notes is available on page 48 of this report, while a facsimile of the Mindstorm packet distributed during these conversations, including instructions and questions, has also been included *(see: page 6 for more details)*.

Because of the free-flowing nature of the hour-long small group discussions which were guided in an intentionally non-rigid manner in order to allow for flexibility, participant choice, and community-based responsiveness in accordance with the model of Intentional Social

[6] All participants received the same instructions and discussion questions and were guided to focus on the themes and topics they considered most important to discuss. Transcriptions of the orally reported highlights and key observations from these discussions as summarized by participants during the event can be found on page 36 of this report.

Interaction, many of the themes emerging during these conversations occur across individual discussion questions and overlap with topics raised by participants. Accordingly, the thematic content of this Mindstorm has been analyzed holistically with care and attention to both the substance and the context of participant discussions, and every attempt made to render topical linkages apparent and to highlight the many instances where themes overlap and participant stories and comments reference previous discussion themes or insights. Methodologically, techniques of both content and textual analysis were applied to these ends. The key themes emerging across both events have been summarized and outlined below in Table 2.

Table 2. Overview of Key Themes, Community Perspectives & Priorities from DHS Engage! Pathways

"Like water through a canyon, as long as it takes, we need to make changes."
– discussion participant, Duluth

Key Theme: Holistic perspectives on health, wellness, and care for "the whole person – *including cultural, spiritual, and mental health, ceremonial resources and social connections, land and water, traditional foods and medicines, knowledge of their uses, and access to nature, green spaces.*

"The problem is that Western models are focused on treating illness instead of seeing health as wholeness."

Health and wellbeing look like:

- **Whole-person concept of health and wellbeing**, **spiritual, mental and physical balance**; freedom from disease and freedom of choice; **intergenerational connections, supportive relationships, companionship and community**.
- **Ability to meet basic needs** – especially rest, healthy and culturally relevant foods, and access to nature/green spaces, housing and transportation, education and knowledge about one's cultural practices.
- **Holistic, allowing for the integration of Western and traditional medicines, including access to health insurance, quality medical care, and healthcare resources broadly defined –** community safety, spiritual and holistic practices, mental and behavioral healthcare, preventative care, dental, maternal and child healthcare support (including doulas, midwives and home birth or water birth support).
- **Ability to practice one's cultural ceremonies and traditional practices**, ceremonial and social support in times of need, **storytelling and historical memory.**

Key Theme: Urban-rural divides and the **geographic distribution of resources (and accessibility)** in Minnesota; **challenges accessing dental, vision, maternal and perinatal care.**

"[We] need greater access to sweats, ceremonies and traditional healers in urban areas (without having to go back to the reservations)."

Highlights:

- **Uneven distribution of resources among urban and rural areas** (with cultural or traditional healers like medicine men especially more likely to be located in rural areas requiring reliable transportation and free time to access).
- **Challenges accessing or obtaining coverage for dental, vision, emergency services and in-home maternal or perinatal care; care experience more fractured in rural areas,** dental providers reluctant to accept Medicaid, preferring private insurance.
- **Transportation, time off work, childcare major barriers** for those who have to travel to seek the care they need (especially in search of specialists or cultural care), even when transportation support exists, coordinating and accessing this support can be difficult.

Key Theme: The user experience: navigation, communications and administrative barriers to accessing and enjoying the full benefits of Medicaid.

"To improve health for American Indians in Minnesota, we need simpler processes, more funding for culturally competent care, and better access to traditional healing practices."

Highlights:

- **Information overload,** not always clear **where to go to get needed information, application process can be intimidating; greater clarity** about enrollment, care options, plan differences, and decision-making processes needed.
- Challenges navigating **long delays, system inefficiencies, overly complex administrative processes, and unclear or delayed communications;** desire for greater access to **Medicaid navigators/advocates who are themselves American Indian and/or who have been provided with adequate cultural competency training**.
- More clarity, support and protections against **gaps/lapses in care, smoother and more transparent renewal process** ("Renewal process causes gaps that could/should be avoided").
- **Systems** should be regularly **updated, streamlined**, and designed to be **accessible at any educational level.**
- **Coordinated care appreciated, but "complex" or overly narrow eligibility requirements a barrier.**
- **Mixed perceptions of Medicaid** ("Positive in terms of coverage, but difficult due to bureaucracy")**, largely positive views of perinatal coverage and coverage for children** among those with Medicaid experience (though many expressed interest in expanded options for pregnant people, including traditional doula and midwifery care, in-home delivery support, "Indigenous birthing" and water birth options, etc.).
- **Desire for ongoing and sustained engagement with policy and decision-makers** about health equity for American Indian communities, ("[There is] a disconnection of conversations at the state level around health/equity: not always having the right people at the table, one-and-done [engagement] doesn't work.").

Key Theme: Ceremonies, routines and cultural practices; centrality of sovereignty, access to traditional knowledge, land and food culture for American Indian health and wellbeing.

"Cultural practices are *preventative care practices!"*

Highlights:

- **Centrality of land, water, non-human nature, sovereignty to Indigenous medicine** and healing practices, physical, cultural and spiritual wellness; **significance of Indigenous epistemologies, not always aligned with Western cultural systems and assumptions** ("Support reclaiming Native traditional ways of viewing the world, not the capitalistic Western world views"); **self-determination and community-based sourcing important**, including when gathering plants and foods for traditional medicines ("not dependent on capitalism to access our own medicines").
- **A range of significant ceremonies and medicines incorporated into participant health praxis**, including sweat lodges, smudging, powwows, music and the arts, visits with traditional healers and medicine men, beading classes, tent ceremonies, naming ceremonies, funerary practices, morning offerings, prayers, use of traditional foods and herbs (cedar, sage, tobacco, sweetgrass, broths and soups, etc.), traditional seasonal activities with family and community.
- **Accessibility of traditional medicines, ceremonies and other health practices includes** not only the right and ability to practice, but also dedicated spaces and sufficient resources, the **elimination of pressure to justify or explain the significance of their use by Western medical providers or social workers.**
- **Not enough traditional healers available,** transportation support for those who must travel to visit a traditional healer and adequate compensation for healers needed; **desire for "community education" and youth training programs** for those interested in learning traditional healing practices, **alongside concerns about licensing/certifications/"vetting" as a barrier** to accessing such healers.

Key Theme: Respectful and compassionate care and communication, anti-racism and cultural competence; grappling with historical violence; addressing anxiety, hesitation and stigma.

"Experience with Medicaid is [a] cultural competencies issue."

Highlights:

- Concerns about **primary and historic trauma, resilience, grief management, "coping mechanisms" and self-care or self-medication, healing or addressing despair,** what it takes to get out of "survival mode" and truly thrive.

- **Effects of colonialism and ongoing histories of colonial violence** upon American Indian health and wellbeing, contemporary contexts of healing, seeking care, navigating Medicaid and the American medical system.
- **Addressing hesitation, anxiety, "shyness" and frustration –** identified as barriers to seeking care, persisting through challenges navigating Medicaid, seeking or receiving care (trust and a sense of safety critical for overcoming hesitancy).
- **Need for more American Indian providers (including therapists and counselors), liaisons, advocates and navigators; funding and support for Native youth interested in medical careers;** as well as cultural competency training for medical professionals and Medicaid support roles.
- **More resources, safe therapeutic spaces and support for those suffering from substance use disorders or seeking mental health support; respect, compassion, human-centered, and stigma-free treatment.**

Key Theme: **Relational context and intergenerational nature of health and healing** – *support for elders, pregnant people, children and families.*

"Patients want to be healthy [and] well within [the] larger social context."

Highlights:

- **Emphasis on family health and social-relational practices, community events and connection** ("walks as a family, smudging together," "seasonal traditional family activities"), parenting as a form of health praxis ("cedar ceremonies, baby wearing and bonding"), honoring and accessing the knowledge of elders and passing on traditional knowledge and historical memory to the young ("Role of grandparents, spiritual leaders," and "Teaching our young people about our culture, how to do smudging, etc. [is an important part of health and wellbeing]").
- **Concerns about intergenerational trauma and socioeconomic struggles** ("[I have] known families who haven't had resources for generations – dealt with addiction for generations. People in that situation can't pull themselves up from their bootstraps.").
- Need for **more elder advocates,** special consideration for **different communication needs of elders**
- **Importance of knowledge transmission across generations for sustaining Indigenous medicines and ceremonial practices.**

Key Theme: **Experiences with telehealth: strengths, priorities and challenges.**

Highlights:

- **Telehealth (including audio-only or captioned services) useful for routine appointments, but in-person visits largely preferred** for comprehensive care and/or the sense of personal connection with a compassionate provider**.**
- **Interest in broadening telehealth options** for those living in remote areas without accessible care options or otherwise struggling with accessibility and transportation challenges.
- **Barriers and challenges:** lack of necessary technology/devices or ability to navigate such devices, inadequate internet service/limited internet service providers, lack of phone device or service, long waitlists for telehealth care ("need a 24/7 phone call for service").
- **Concerns about telehealth experience:** lack of emotional connection, concerns about ability to diagnose conditions virtually, elder-specific concerns about navigating technology and dealing with impairments of hearing or sight during telehealth visits, encounters with telehealth providers unable to access patient charts/records when receiving care.

Themes & Analysis: Summary

Question Set 1: The Meaning of Health & Wellbeing

We asked: *What does **health and wellbeing mean** to you? What does it look like to really thrive? Do you feel that you have the things you need to be healthy and well? If so, what are those things? If not, **what would help you to thrive and feel well?***

Across both the May and June virtual and in-person events, a total of twenty-six (26) discrete discussion groups (15 virtual and 11 in-person) submitted notes from their conversations in response to this question. Across both populations of participants, health and wellbeing was widely framed in holistic terms inclusive of care and wellbeing for "the whole person." Collectively, such whole-person perspectives on health and wellbeing included concepts like the ability to meet one's basic needs (for self and family), access to health insurance and affordable/accessible conventional medical care, balanced physical, spiritual and mental health, a sense of joy and personal fulfillment, freedom from anxieties and disease, cultural or traditional care and ceremonial resources for wellbeing, meaningful social relationships and intimate connections, as well as access to traditional foods and medicines, knowledge of their uses, access to nature, green spaces, and opportunities for physical activity, often undertaken with children and other family members. "[There is a] need to consider the whole person," argued one participant in Duluth, "Healthcare likes to break things apart (heart health vs. mental health, etc.), [but] Native people understand health applies to the whole person – [it's] all connected." Participants of the virtual events echoed these themes, sharing the following comments in a similar vein:

> [Health and wellbeing is] the overall quality of life and it means physical health, mental wellbeing, and spiritual health; it's not just health – it's all wellbeing, and encompasses a lot of things – and emotional intelligence.
>
> [The] problem is that Western models are focused on treating illness, instead of seeing health as wholeness.
>
> To me, health and wellbeing signify a comprehensive state where physical vitality, mental clarity, and emotional resilience intersect, supporting thriving by embracing regular physical exercise for strength and flexibility, adopting a balanced diet that nourishes my body, prioritizing adequate sleep for optimal cognitive function, and fostering meaningful relationships that offer support and positivity."

Importantly, this focus on holistic health was frequently linked to community relations, social contexts and obligations. Shared one group in Minneapolis, "Optimal wellbeing [is about] where you put your energy, care of body *is* care of spirit – holistic care that leads to sustained healing, justice and care. [It's about] community and resources, wellbeing leading to happiness and life without worrying about survival." Said another participant of this Minneapolis discussion group in response, "[It's about] traditional and ceremonial wellbeing [too]. Looking at holistic care – mental, physical, spiritual – is just the beginning of the needed framework. Conversations [need to be] had that involve engagement with self and community," highlighting the interpersonal, social, and community contexts of such a view of holistic health and wellbeing. Health and wellbeing in this perspective is not only of and for the whole person, but equally in service to the whole family and the whole community, interconnected, relational, and intergenerational in nature (for example, in Duluth, some characterized their ideal of health as "children's health and wellbeing," while in Bemidji, another pointed to the significance of having "a community, those there to take care of your…elderly"). Eleven of fifteen small groups of virtual participants also highlighted the importance of supportive relationships, companionship, and mutual care for health and wellbeing. For many, the ability to support one's family and community were central motivating factors in sustaining their own health, with ceremonial and cultural practices fundamental to these efforts. Virtual participants shared the following stories to illustrate these connections:

> I work at the Indian Health Clinic which is a medical clinic, and we've been around now for over 50 years. I've worked there for 20. In the years it's been in existence, we've evolved tremendously to make patient services more accessible. One of the duties that I have is that I function as an Indigenous spiritual helper. What does that mean? We have patients being seen in one of the many exam rooms, and if there is a need for mental or spiritual health, in addition to the usual greetings, I go in and we talk about what it is that they need, whether it's information or other resources. Sometimes there are elderly people who are nearing the end of life, and one of the ceremonies that mean a lot to them is that I bring them a pair of moccasins, they want to know that they are prepared to go. And that they have what they need to face that.
>
> In our family, we are connected to the American Indian community through ancestral ties, honoring and preserving our heritage through stories, traditions, and mutual respect for Native American cultures. My grandfather was a member of Cherokee Nation.
>
> I am a member of Red Lake, so traditional ceremonies and medicines are important to me. Morning and bedtime smudges and prayer [are a big part of this].

To this comment, a member of the same group replied:

> I am from Red Lake Nation too. Wellness means ALL of me – physical, mental, everything I need to be in my community. Very holistic. I'm actually on my way to a ceremony right now.

Among participants of the in-person events, comments concentrated largely on the foundational significance of the ability to meet basic needs for promoting a sense of health and wellbeing, with several groups pointing to the importance of social service infrastructures, even as some of the complexities of these infrastructures and services are exposed in the personal stories participants shared. Said one participant, "[It's] all interconnected and [I'm finding] – I raised kids on assistance and been on section 8. Without the program I wouldn't have had that kid." Another shared that critical "resources [of which they made use] included food stamps, housing support – [I] was creative to make food last," they said. "Wasn't always healthy, but it made meals. Making decisions also meant letting bills go and being in survival mode." In fact, the idea that health and wellness is a state beyond survival, characterized by some as "thriving" and by others as freedom from worry or anxiety, or the ability to "do the things you need to do," "being whole [and] satisfied with what you have," was also a strong and consistent thread across not only this section of the Mindstorm, but throughout the small-group conversations during both the in-person and virtual events.

Participants of the two virtual events underscored the role financial stability plays in their wellbeing, sharing that:

> [There is] not enough income to sustain wellbeing [in my life].
>
> Money is an important factor to have good health.
>
> [We are] barely living paycheck to paycheck, but not doing anything in our lives that are fulfilling. – There's so much need, and no one wants to fill the gap.
>
> Health and wellbeing are everything to me. I think the only thing bringing me down is inadequate money. – Having money is good health to me.

Some participants of the in-person events also noted the kinds of gaps and lapses that exist in social service infrastructures meant to provide support for basic needs, with one noting that "There's no in between…on welfare. [It takes] two months to kick in and [actually] get support, [and then it's] not enough to pay rent." When considering the kinds of resources that fall under basic needs, in-person commenters included reliable transportation (frequently identified as a barrier to seeking and accessing care), exercise infrastructure ("[We] need a gym in Duluth [for us] similar to the Hinkley gym for Native [American community members]" one participant opined, whilst another in Bemidji asserted that "24/7 access to a gym to help [work around] our schedules [would make a big difference]"). Other comments pointed to the importance of different kinds of community spaces and events for gathering around healthy activities such as walking, bike-riding, gardening and cultivating nutritious, traditional foods. For one group in Minneapolis, this meant "access to spaces to be healthy, physical – nature," getting "back to land, traditional food, medicine, [and] having knowledge of [its] uses," and a wealth of plant foods like spinach, fruits and carrots, and sufficient rest.

Employment and educational opportunities also appeared frequently in participant descriptions of basic needs, as did the ability to access necessary medications (such as insulin and Narcan), access to high quality food, stable affordable housing, mental and behavioral healthcare, access to traditional midwives and doulas for culturally appropriate perinatal care, and knowledge about one's own health status and available resources ("Knowing what to access in your community [matters]," contributed one participant). One group emphasized the need to take "an Indigenous perspective on [the] social determinants of health," linking the discussion about basic needs with the broader context of whole-person health and strong interest in integrated and holistic perspectives on health and wellness.

Comments in this section also prefigured themes explored in greater detail elsewhere in this Mindstorm, such as concerns about primary and historic trauma (including colonization), resilience, "coping mechanisms," challenges around self-care or self-medication, and healing from or addressing despair. Some of the ways participants raised these issues is reflected in the following contributions from the discussion notes of the in-person events:

> Mental health is a part of wellness.
>
> [You] need coping mechanisms to take care of yourself…At one point, pre-colonization, we had all that, and lost a lot of ways to cope [as a result of colonial violence].
>
> People need skills to get out of despair.
>
> [What I need to be healthy and well is] online counseling and therapy (instead of jumping [through] hoops), [and access to a] culturally Native therapist.

Additional supporting themes which are surfaced in this section and highlighted elsewhere include discussions about what quality care looks like and barriers to health and wellness like "resource disparities," transportation challenges for those who must travel to obtain needed care, childcare and the need to take time off work in order to seek care, "narrow eligibility criteria [for Medicaid] limiting those needing access to care," the importance of accessible "emergency response care" and experiences of fractured care and treatment systems requiring "stronger health advocates" and ways around "having to visit and travel to multiple places of

care." In addition to underscoring the significance of social determinants of health and the ability of patients to meet basic needs, these points intersect with other key themes emerging across the Mindstorm discussions for the series as a whole, such as the structural and administrative complexities of navigating Medicaid and the medical system, the desire for more and better trained advocates, challenges arising from disparities in the geographic distribution of healthcare resources (related to the urban-rural divide), and the centrality of mental health to wellbeing as a whole. When reflecting on what quality of care means to them, participants of the in-person events shared the following, emphasizing the need for culturally appropriate, comprehensive care and meaningful choices:

> Health insurance coverage that doesn't lapse.
>
> Whole person care.
>
> Good doctors, clinics, hospitals.
>
> Being able to go to preferred providers.
>
> Doctors who don't discriminate [against] you.
>
> Indigenous advocates and navigators in hospitals, department of corrections. Native relatives in these roles.
>
> Advocacy around medical terminology and interacting with medical providers.
>
> Understanding all options including traditional medicines; holistic treatment practices.
>
> Human Services: Give admin. time for traditional practices.

Question Set 2: Family & Cultural Traditions

We asked: *Do you have **family or cultural traditions and routines related to health** that are important to you? If so, what are they? Are there ways your culture supports or encourages good health? Please share! Do you work with **any traditional healers**? If not, would you like to? What kinds of traditional healers or healing resources would you like to be able to access? **Are there any ceremonies, practices, or resources that you use and value** for your health and the wellbeing of your family? Are there any that you don't have access to, but would like to be able to access?*

In this section, twenty-eight (28) discussion groups (17 virtual and 11 in-person) submitted notes describing family and cultural routines and practices important for their health, as well as any perspectives or experiences they may have with traditional healers. Taken together, notes from the discussions across both formats encompass a range of practices and priorities valued by participants. Ceremonies, routines and other practices highlighted here included sweat lodges and traditional medicines like cedar, tobacco, sweetgrass and sage (two of the most prominent responses across groups), as well as "different ceremonies to maintain health and balance [such as] round dance ceremonies, boxing," prayers and morning offerings, "access to powwows where you move your body," tent ceremonies, funerary ceremonial practices "of burying loved ones" including "stress reduction, grief management," naming ceremonies,

gardening, and "traditional practices [like] carrying clean water, picking berries, planting/harvesting crops." Several commenters also mentioned the value of participating in traditional arts like "music, drums, singers," beading classes, "ribbon skirts and crafting [because it] brings joy." In the words of one Minneapolis participant, "Art is healing too. When my daughter sees American Indian art, that's healing too. Art gives a sense of identity, pride [in seeing] images of my people."

Several groups took the time to add notes about the kinds of barriers they face in pursuing these practices, such as the need to invest in and support traditional seasonal activities, financial barriers, and the "urban versus rural [divide], bridging the gap" in available resources. Such observations appeared in conversation notes from both the in-person and virtual events, with participants of the latter describing the differences between resources available (and accessibility of those resources) in the cities and Greater Minnesota in the following ways:

> [I] cannot access medicine men in the cities.
>
> What comes to mind is accessibility of cultural health and wellbeing services, going into a clinic where people look like you, because you know that the experience is going to be different. I know that when I go into a clinic and I have a [white] provider who doesn't reflect my culture, my body goes into like a trauma response. I am in the Twin Cities though, and I feel like we have access to some of those resources.
>
> [We] Need greater access to sweats, ceremonies and traditional healers in urban areas (without having to go back to the reservations).

In fact, many comments about barriers faced by those seeking to practice traditional medicine or incorporate other forms of ceremonial, cultural and traditional healing focus on the high demand for traditional healers and limited numbers of such practitioners – "[We get ten] or more requests per week at Essentia for traditional healers," reported one participant in Duluth. Traditional healers were widely valued by participants, though many throughout the Mindstorm noted the need for more healers and availability among existing healers, expanded opportunities to access knowledge about traditional medicines, difficulties accessing often-rurally located healers from the Twin Cities and other urban areas, the importance of knowledge transmission across generations and geographic locations, and the need to ensure that such healers are able to be adequately compensated. Thus, it is unsurprising that training, knowledge transmission and community investment in developing new generations of traditional healers (and other American Indian medical professionals) emerged as a key supporting theme in this section, expressed in a range of comments such as those below, drawn from across the in-person events:

> Being able to travel to places where people have knowledge or bringing knowledge to [the] city [is critical]!
>
> Elders and traditional healers, different therapies, licensed Native healers [are important to me].
>
> [It's hard because there is a] waitlist, not enough traditional healers.
>
> Teaching our young people about our culture, how to do smudging, etc.
>
> Access to knowledge around traditional medicines and how to use them [really matters].

> [When it comes to] traditional healers [we] need to know who they are and how to access them (two participants [of our small discussion group in Bemidji] use traditional healers).
>
> [We] need community teaching/education around traditional healers.
>
> Provide funding to train young people to come into medical practices.
>
> [We are] wanting community education programs around traditional services.
>
> Fund young people to go to camps to learn traditional healing practices.

At the same time, a number of participants of the in-person events emphasized that processes of credentialing and licensing traditional healers can themselves be a profound barrier, or even cause of harm, to American Indian communities, a position exemplified by comments like the following:

> Vetting of the people providing the services should not be causing harm to our community.
>
> Eliminating the requirement of credentials/licensing for traditional healers [would help].

Underpinning the discussions among participants about cherished traditional practices and barriers to pursuing such practices is another key theme from across this Mindstorm which was highlighted here: the extent to which land and cultural sovereignty are central to American Indian health and wellbeing. While different groups and commenters approached the topic in different ways, commenters regularly connected access to land, self-determination, and Indigenous epistemological roots with their practices of ceremonial, cultural and spiritual medicine. In several cases, participants of the in-person events explicitly linked these issues to the challenges of grappling with colonialism, capitalism, and Western epistemological hegemony, arguing, for example, as one Minneapolis discussion participant did, that

> [There is a] need for community support and traditional medicines – support to get to ceremonies and traditional plants. Access to sage, berries, and other traditional plants [has to come] from a community-cared-for source (not dependent on capitalism to access our own medicines). Working with programs and communities that care/teach medicines [is helpful].

Relatedly, it was not uncommon to encounter in the discussion notes admonitions from participants about the need to work toward "curbing reliance on practices outside of culture." Some of the ways different discussion groups from the in-person events articulated these issues are highlighted in the quoted material below from the notes of their conversations:

> Traditional teaching [requires] access to the land.
>
> We don't have the land to do it. Access [to] natural resources [is essential].
>
> We need spaces to reconnect with our culture.
>
> How do we get quiet spaces in nature to practice?
>
> Reclamation leading into the teaching and healing practices [is part of the process].
>
> [I feel that we have] been brainwashed to be fearful of our own medicines.

> Support reclaiming Native traditional ways of viewing the world (not the capitalistic Western world views).
>
> Our traditional world views were taken away from us, we now have to re-learn these views and practices which takes community, time, resources.

Comments among participants of the virtual events expanded the conversation on this theme to consider what it looks like to bring together Western medicine and traditional American Indian medicines, weighing the challenges created by pressure to justify the use of traditional practices or experiencing of "discounting" Indigenous healing in conventional Western medical settings. A few of the ways participants approached these discussions are highlighted in the quoted material below:

> At the Indian Healthcare Clinic where I work, we have access to medicines. And why do we use those? It's because we want to purify ourselves before we appear with a Western medical provider. It's asemaa and I know another word for that is tobacco, but it's not tobacco. There's also willow bark and sage, if someone has medical issues where they can't use smoke, we have sage oil and other things we can use. We also use sweetgrass – and why is that important? It's because we do want to go in there in a good way. It's also a cultural ethical consideration because it is necessary for our healing, we're a very spiritual people and we look to those medicines to prepare for our healing. I do work with traditional healers. I was at a DHS conversation not too long ago where we were working on getting more access to those medicines. We talked about what issues are important to our communities, and a lot of what we talked about is the opioid epidemic, but we also looked at what kind of traditional healers can perform what I call maintenance. We focus on our spirituality that way. We want to be able to say that we are good spirits when we leave the clinic. We have a quarterly healing ceremony which because of the amount of people who have been attending we have to hold them in the park.
>
> [One participant] recalls a 'discounting' of cultural traditions by the allopathic medical center during Lieutenant [Governor Peggy] Flanagan's childbirth experience. Patients want to be healthy/well within [the] larger social context. It's our problem as a health system to create the integrated experience that patients desire. Not react negatively to patients who want to bring in other practices."
>
> Some traditions held alongside medical practices, as a spiritual/therapeutic element. Community support is an important aspect of healing.
>
> I've been taking traditional tinctures. I also have high blood pressure medication. I've been using natural remedies to try and help the Western medicine.

As elsewhere in this Mindstorm, participant comments also evinced a commitment to the intergenerational nature of health and wellbeing and the importance of children and elders in considerations of traditional and ceremonial healing. Some emphasized the need for "access to [healers for] pregnancy/Indigenous birthing" with one Bemidji participant sharing that "for myself, home birth midwives are not covered, but in the future, I hope they'd be," and described important practices like "seasonal traditional family activities," or "walks as a family, smudging together," "cedar ceremonies, baby wearing and bonding," making sure that one's "kids know how to pray" and learn grass dances and other ceremonial traditions. Others pointed to the "role of grandparents, spiritual leaders [for] mental health," and suggested that "group engagement is needed." One Bemidji participant wanted to "revitalize family circles that come together to practice traditions/traditional ways of song and dance," while another offered that their community recognized the "need [for] traditional life teachings for each stage of life – [and] funding to support this," going on to share that it is a "challenge missing traditional life

teachings at earlier stages of life and having to catch up." This intergenerational social context for healing and wellbeing was also apparent among the notes submitted by participants of the virtual conversations, in which the family was an important locus for the practice of cultural traditions and routines, and elder care continued to be an important concern in small group conversations. One virtual participant shared the following story as they advocated for the importance of elder advocates:

> I listen to a lot of elderly people who access healthcare at the medical clinic, and they talk about diabetes, and they talk about living independently. Getting care in their homes helps them to manage their diabetes independently. Often times when they leave the home there can be challenges for how they manage their blood sugar while they travel to the clinic. I always wish we had an elder advocate in our clinic who can sit with them and ask if there's anything they need, what is their blood sugar like, do they need anything to drink, do they need water. We are still working on that, and we don't have it yet, but I'd love to have someone who could help with that, reassure them that they will have a good experience there and have their needs met.

A few groups also used this section to share additional modes of care or resources they hoped to see made available to their communities, as in the case of the Bemidji participants who said, "I wish our reservation could open its own treatment center to help people dealing with substance use disorder," and asserted a need for "Better program[s] for young people in treatment. [Should be run by] people who get along with kids, someone who will listen."

Question Set 3: Experiences with Medicaid/MN Care, Policy Priorities

We asked: *Do you have any* ***experiences with Medicaid / MN Care?*** *If so, what have those experiences been like? Are there ways that Medicaid / MN Care plays a role in helping or hindering the health and opportunities available to you and your community to thrive?* ***What policies or structural changes should be prioritized to improve the health and opportunity of American Indians in Minnesota*** *healthcare programs (Medicaid/MA and MinnesotaCare)? If you or someone you love needed to enroll in Medicaid / MN Care, would you know what steps to take?*

A total of twenty-six (26) small groups (16 virtual and 10 in-person) submitted notes in response to this question, highlighting challenges they have faced when attempting to navigate Medicaid and the medical system, including structural, administrative, and communication barriers, material constraints, trust barriers, issues related to gaps or lapses in coverage and unexpected changes in high-cost prescriptions. A few groups also raised concerns about the difficulty of accessing dental care specifically. Among virtual participants, institutional challenges with navigating Medicaid and managing medical and insurance communications were also a prominent topic of discussion, though participants additionally offered general perceptions of Medicaid, telehealth barriers and challenges, and costs of care more broadly.

Participants regularly described encountering difficulties navigating Medicaid and fielding communications about insurance and healthcare issues, with particular concern about the challenges facing American Indian elders attempting to obtain coverage and care, a theme illustrated in comments like those below from the notes of the in-person events:

[I found Medicaid to be] difficult, intimidating. All the application hoops. If you don't know, learning about navigation [is really important].

Gathering the information needed to respond to online application questions [was difficult].

[Although the coverage is] good for kids, can be especially challenging for elders to navigate.

I had to apply when I was pregnant. It was hard to navigate and explain.

There were so many benefits, but it was hard to navigate.

[I'd like to see] better communication in what it takes to get service.

What if we had someone to help us with the processes. Especially our elders, they didn't have the internet and forms are confusing.

You sit on the phone on hold for too long.

Notably, many participants emphasized that Medicaid coverage was valuable and especially good for essential services, pregnant people and those with children, though navigation and communication challenges sometimes made it difficult to know how to get enrolled, what services would be covered and how to get access to needed care. Among virtual participants, similar experiences were highlighted, with comments suggesting that the user experience could be improved by more timely communication, reduced wait times for assistance and support (as well as for care generally), a more streamlined renewal process, clarity about how Medicaid and Indian Health Services work together for those with coverage from both sources, and, in general, an updated, comprehensive and user-friendly system. As elsewhere in this Mindstorm, some participants suggested a need for competent and culturally relevant navigators, and "culturally sensitive care." Some had experience using a navigation support service but shared that available navigation support systems also came with a long wait time for those in need of assistance. Below, a few of the ways virtual participants described these issues are highlighted in quotations from the discussion notes:

The process was always very complicated (with Medicaid and MCRE). I used to work for DHS and what I heard from AI clients was that they didn't understand how [Medicaid] interacted with Indian Health Services. People were confused about where they could use [Medicaid] and didn't understand they had access to insurance even though they were enrolled.

I have used Medicaid and found it helpful for covering essential health services. However, the application process can be confusing and slow. Simplifying enrollment and increasing awareness would improve access and opportunities for American Indians. If needed, I would know the steps to enroll but support would be beneficial.

I have a person who helps me with my Medicare. Her name is N—— and she lives in South Carolina but is able to help me here. But there's kind of a wait time that can be hard, and you have to deal with the wait if you want the service.

I have had mixed experience with [Medicaid]. [I] benefit from coverage but struggle with administrative delays. Needs more efficient process and better communication. Prioritizing easier access and culturally sensitive care would improve outcomes for American Indians. More straightforward instructions (to enroll) are needed.

(In response to the above comment, another participant shared): I agree with what she said–benefits are good but delays and confusion are a problem. Another person [in our group] also agreed.

Delayed responses and lack of communication/updates [are an issue].

[Medicaid] needs a more comprehensive and updated system that is "more user-friendly.

Want more ways to know how to go about enrollment.

[My experience with medicaid was] positive in terms of coverage, but difficult due to bureaucracy.

Streamline [the] process and enhance cultural competency.

[I have experienced] administrative issues, sometimes I don't get attended to in time, just sitting down there and not getting anything for a long time because of administrative issues.

The[y] dislike the annual renewal [process] and filling out the application. And it's such a struggle to get all of our patients to get them, get them done and get it up to date.

Yeah, I've had experiences with Medicaid, sometimes it wasn't so good especially when it came to verifying my insurance.

Medicaid is a favorable insurance for families with average income and their reluctance to be of help sometimes is concerning.

My experience with Medicaid is kinda conflicting to me. I'm a huge fan of the benefits but some of the processes and criteria involved causes a lotta unnecessary delay sometimes.

The paperwork, the endless paperwork [is overwhelming].

I remember feeling overwhelmed, when I was going through the process, and I was told I had a 30-day deadline to enroll in my employer's health coverage or else.

A related issue surfaced in the in-person events involved gaps or lapses in coverage related to the renewal process. One Minneapolis commenter argued that the "renewal process causes gaps that could/should be avoided," going on to say that "navigation was *a lot.* [There were] problems with understanding coverage, dental especially…[There is a] need to acknowledge it as a support system that is not available to all. [It seems like there is an] incentive to not be able to grow because you risk losing your insurance. [There are] holes that need to be covered." In Bemidji, another commenter said: "At Red Lake they get put on Prime West, but living on reservation they don't need that, there's an exemption so they can be straight [Medicaid]. Lapse[s] in coverage can be challenging." Other commenters echoed similar concerns about the complexities of understanding coverage, and in Bemidji, questions about the implications of different forms of insurance coverage for obtaining dental care were of particular salience, with commenters sharing the following insights:

If a service like 'dentures' is not available on the reservation, we have to pay for it.

Dentistry is very difficult. They would rather pull your tooth than work on it.

Dental is really hard to access. They would rather take private insurance.

A number of groups discussed a small set of miscellaneous barriers and challenges they have faced during the conversation about their experiences with Medicaid, and though some appear more generally directed toward the broader experience of seeking healthcare, they will be discussed here in the context in which the comments originated. Among virtual participants, cost was a factor several participants foregrounded in their discussions of Medicaid experience and barriers they have faced when seeking healthcare. In Bemidji, one group discussed transportation barriers (a recurrent theme throughout the Mindstorm), suggesting that "Some of the elders in our community do not have access to rides. It is very complicated to set up rides. [There are] lots of stipulations to getting a ride." In Minneapolis, another group discussed challenges facing those dependent on regular medications, with one participant noting that "diabetic supplies and insulin change constantly," and another confessing, "I didn't like that they kept changing their high-cost drugs that I needed monthly." A few groups raised a set of issues related to trust and a sense of safety when seeking healthcare, as in the case of one Duluth commenter who echoed discussions about hesitancy to seek care which appear elsewhere in this Mindstorm, opining that "If you don't feel safe where you go to have your healthcare, you won't go to have your healthcare." In Minneapolis, during their small group's discussion of challenges with the renewal process, one commenter emphasized the importance of compassionate customer care, suggesting that support professionals should focus on "giving confidence to seek help, care, [demonstrating] compassion in the process. Provider knowledge [is] expanding. What does it look like to grow and be willing to learn and be people centered?"

Several sections of this Mindstorm ask, in different ways, about participant priorities, and what DHS might do to support what American Indian communities and people are already doing to promote and maintain health and wellbeing. In this section, several groups of Minneapolis participants described existing community resources they value and would like to see supported, recommended to one another community resources for Medicaid support, or suggested resources which do not currently exist that they would like to see available in their communities. Among these were recommendations to "support MNSure navigator at [MAIC or NACC][7] and other tribal and urban clinics (it's helpful)," and comments about the value of the Native American Community Clinic (NACC) and the Indian Health Board of Minneapolis (IHB), which one participant suggested help "breakdown a lot of red tape, [if you're] not getting help – [they can] help [with] insurance, co-pay (no money), [if you] don't get [your] meds." Other comments suggested that there is a need for "more funding support for community-based navigation support programs, as well as gyms, wellness spaces, other kinds of preventative health resources," or proposed interest in "set[ting] up private places for detox with areas to use drugs away from students, kids, families (safe center to use drugs)" in the interest of compassionate care for those managing substance use disorders.

Among virtual participants, the limitations of telehealth care options also emerged as a supporting theme here, with participants noting "dead spots" and underdeveloped "wifi/broadband" networks in rural areas that make connecting to telehealth appointments difficult, challenges navigating unfamiliar technologies, and gaps in cellular service affecting the ability of potential patients to access even audio-only telehealth services. Even so, at least one commenter in this section (and others elsewhere in this Mindstorm) expressed interest in

[7] Transcription "NACE" unclear in the notes, might be a reference to the Minneapolis American Indian Center or, perhaps more likely, the Native American Community Clinic, also in Minneapolis.

seeing telehealth options for care expanded. Some of the ways participants described these obstacles and issues are highlighted below:

> Central Minnesota, Hinckley, Onamia, McGregor – in Hinckley, we have dead spots for telecommunications, so we have real problems with telehealth appointments. I'm sure there are places that have dead spots, but it really makes it harder.
>
> Medicaid should open more priorities to telehealth.
>
> In the northern areas, the wifi/broadband is not well developed, you have people living on farmsteads for generations [who] don't have the access or familiarity to the technology.
>
> Cell phones are super popular on the reservation Mille Lacs, but it doesn't do any good if you can't connect to cell service.

Virtual participants also shared several personal stories illustrating their perception of Medicaid in ways that resonated with comments made by participants of in-person events characterizing their perceptions of Medicaid as positive in terms of coverage and benefits (especially for essential medical services, pregnant people and children), but challenging with respect to administrative issues like navigation, paperwork, enrollment and renewal processes, and delayed communications, among others. The complexities of eligibility and challenges of adjusting to post-Covid policy changes also surfaces in these discussions. A few such comments and stories are highlighted below:

> When Covid hit, me and my daughter who was just born was on Medicaid for the entire time. I have experience. I also have experience with MN Care with all three of my babies. The state supported me through all three pregnancies. I'm not eligible anymore, it's very funky, my son is private insurance, my daughter qualifies. My niece is on Itasca care. I'm uninsured, which is a surprise to me, so I'm hoping to get on ta program. When the public emergency stopped, I was thrown off, and now I'm trying to figure out what comes next.
>
> I do work for the medical clinic, and we have patient navigators. Patient navigators will often help patients to apply for Minnesota Care. I wish that could be extended to help with Medicaid enrollment. That's kind of an experience. It's a wish of mine, but who knows where that's gonna go in the future. We see a lot of advertisements on TV that changes are coming and do you want to apply for Plan C or D and here's a number to call. But I think it needs to be a lot more focused than that, where you can have a navigator to go over the different Minnesota care plans and then go over the cost of care and help you eventually make a decision. It can be so complicated, and it takes so much time, the amount of time you spend on the phone… the decision I made ultimately was just based on wanting it to end and be over. I did get good care eventually through SSI, but it needs to be more focused.
>
> So, maybe I'll share my personal experience with, Minnesota Medicaid. I'm just to kind of, get the ball rolling. So, for the first 21-22 years of my life, my primary source of health care was the IHS [Indian Health Service] health system…as well as Minnesota medical assistance. It was not until I had delivered my first child that I had ever subscribed to my own health plan or not been the dependent of somebody on Medicaid. So that was kind of a rude awakening for me and my paycheck, I remember. But one of the most meaningful experiences that I have with Medicaid, and even the IHS health system, is that with my first pregnancy, I was deemed a high risk, and my child was diagnosed with a birth defect that required a higher level of care than some place like CAS like I guess…could provide to me or my child, and through the IHS contract program as well as Medicaid, I received a referral, to the U of M in the cities, for all of my maternal fetal care as well as the month long NICU stay that my son had when he was delivered. And if not for Medicaid, and the referral system that was in place, his care would have ultimately ended up costing me close to a half a million dollars. Luckily, he's gonna be turning 9 next month and he is, perfectly

> healthy and I'm just incredibly grateful for, the support and the systems that were in place when I needed that higher level of care and the people who were involved in facilitating that process.
>
> Yeah. Medicaid has been absolutely, invaluable to my life and the quality of life that my children have had as well.
>
> My family is considered lower middle class. Both my husband and I work full time as parents and even though I am not – no longer – eligible for Medicaid based on my income as an adult, I am still particularly grateful for the coverage that I still receive for my children. I love that Medicaid has expanded benefits for my children. I love that Medicaid has expanded benefits for children under the age of 18. And that even for some of these families who are a bit higher income than others in the community that we're still receiving that help and that cost-effective reimbursement. That's an extra $300 back in my pocket every month that I otherwise would not have because I'm still within that. The income guideline for my dependents, so for larger families especially, if you have that primary insurance it takes a little bit of the brunt away from the impact that paying for that health insurance, especially in some of our markets, can otherwise have.

Notably, similar comments appear elsewhere in the Mindstorm, as in the case of a virtual participant who shared in the notes for Section 4 of the discussion guide, "I felt very taken care of as a pregnant woman, keeping my baby on it. I wasn't in a very solid financial position, in a state of transition, and I just give thanks for being on it as a pregnant person, because I walked out of the hospital without a huge bill, which is a big deal in the U.S. You can document that in the notes, I'm grateful for that."

Question Set 4: Obstacles (Seeking Healthcare), Resources for Support

We asked: (a) *Are there any* ***obstacles you face when seeking healthcare?*** *If so, are there specific* ***resources or forms of support that would help*** *you to overcome those obstacles?* ***(b) Have you or a family member used audio-only (telephone only) telehealth services*** *to access care? If so, what was your experience?* ***(c) What would you like to see Medicaid / MN care prioritize?*** *Are there any* ***supportive resources*** *you wish more people knew about and were able to access?* ***How can MN Medicaid add value to and support what Tribal nations and American Indian communities are already doing*** *to help members realize their full health and potential?*

Twenty-nine (29) small groups (18 virtual and 11 in-person) chose to address this set of questions focused on obstacles participants face when seeking care, audio-only telehealth experiences, and community priorities for Medicaid. In this section, many participants of the in-person events chose to revisit and expand upon issues raised in other sections of the Mindstorm small group discussions. Participant comments suggested that basic needs have "a domino effect" on health and wellbeing, accessibility of care and resources, emphasizing that costs of care are not only financial and material, but also emotional, psychological, and physical, directly impacting their health and wellbeing. Discussion groups revisited challenges accessing dental, vision, and perinatal care, often linking them to the geographic distribution of resources and urban-rural divides. They described challenges around anxiety, hesitation and stigma when seeking care, describing the difficulties of dealing with trauma and metal health concerns, and reiterated the importance of clear, consistent and respectful communications (and care), presented in a manner suitable for patients from a range of educational backgrounds.

Importantly, comments also returned to the idea that land, water, food and questions of sovereignty or self-determination are central to American Indian health and wellbeing, and advocated for broader, long-term sustained community dialogue and community-informed decision-making. Desire for better advocacy, support and protections for elders (and those providing eldercare), youth and those suffering from substance use disorders again appears in this section, as did discussion of the strengths and challenges of telehealth options.

On the question of basic needs, transportation issues were particularly highlighted, though housing, food, and financial vulnerability in general also feature among the cited challenges participants of the in-person events faced. Some emphasized that choices about care are especially limited for the financially vulnerable or pointed to difficulties faced by unenrolled American Indians, while others linked such challenges to hesitancy seeking care or noted the obstacles facing those who cannot qualify for Medicaid, but also cannot afford care. Among virtual participants, the cost of care more generally – including both money and time – was most highlighted. Below are some of the comments participants of the in-person and virtual events submitted on this theme:

In-person, selected comments:

> Transportation is a big problem.
>
> Transport[ation is a major struggle] – physically, emotionally ([it's draining to experience the] tensions and emotions that are caused by trying to use your healthcare).
>
> [I have struggled with] financial barriers, transportation, limit[ed] hours.
>
> Rural transportation; access to transportation [is tricky].
>
> [It's hard] having to drive 70 miles to deliver your baby.
>
> Housing → [and other basic needs] all [have] a domino effect [on health].
>
> Social security and resource access [is hard for me] – and collections took taxes which was going to be used for a vehicle [to resolve transportation barriers to receiving care].
>
> [Participant] wants to go where he wants to go [for care] and [is] worried about the bill and no insurance. Son is already on bills. People cannot afford to twice and has no food.
>
> Restrictions [are a barrier], and [I] make too much to qualify for MNSure.
>
> Fon Du Lac only helps with enrolled members, blood quantum rule.
>
> Many people will neglect their health because of the barriers that prevent them [from being able to access care].

Virtual, selected comments:

> [The] primary obstacle is finances.
>
> Expensive for healthcare, no subsidy available.

[The] cost of healthcare alone is a lot, and I don't have a car, so [there is also the cost of my] time and cost of transportation [to consider].

Cost of healthcare is relatively high – reduction in the cost of healthcare would go a long way.

[I have had] issues with accessing medication, the medication wasn't covered, and they had to pay out of pocket. Was helped to find a way to reduce cost, but it was not convenient or useful.

To some extent, finances are an obstacle.

Time is a challenge–busy schedules.

Availability of resources and finance to get the resources.

Related to transportation challenges and the urban-rural divide, many participants of both the virtual and in-person events described difficulties they have faced accessing dental, vision, and desired perinatal care (especially midwifery services) and emergency or preventative care resources, citing the constraints produced by the uneven geographic distribution of resources. Some of the ways participants discussed these issues are raised below:

I haven't gotten [referral] letters, not one for dental.

[*Facilitator asks:*] How do you feel your healthcare is here? [*Participant responds:*] It's okay. Fon du Lac can't help here. No one takes [Medicaid] here [in Duluth]. [My] daughter needs dental surgery, needs braces and it needs monitoring.

In order to get healthcare, I need to go to the cities.

Dental provider also told me that I need to go to the cities.

No one accepts [Medicaid] here [in Duluth].

My son needs glasses, but medical insurance is a problem.

I live in Grand Portage [which is] very rural. [It] feels like [there are] not high-caliber health care providers. [Currently, a] family friend needs help, but [there is] no hospice in [the] entire county. [I] wonder what will happen when [*my*] husband is dying?

Dental [care] is a concern. People will drive to another town to see a dentist.

[We need] communities that are walkable [in Minneapolis] – close to the area, rural areas (accessibility).

[It's hard to get] midwife coverage.

I just feel like when you go to IHS to get help, they are not giving us quality care.

Limited access to appropriate healthcare facilities especially in remote areas, don't provide appropriate care. [*Virtual participant.*]

Availability of resources would go a long way. [*Virtual participant.*]

Physical distance from healthcare; commuting to doctor, transportation [are all significant barriers]. [*Virtual participant.*]
Dental care: [there is] no way to find any appointments in the Twin Cities to get dental care. [*Virtual participant.]*

> Working at a free clinic in the Phillips Neighborhood, [I have found it] difficult to find places to refer patients to who are seeking dental care. [*Virtual participant.*]
>
> Lot of people like UCare because you get a free gym membership; if more MCOs had health care benefits like free gym memberships, that would help a lot of families get exercise and access health care.

With respect to anxiety, hesitation to seek care, and concerns about trauma, mental health and stigma, participants pointed to the effects of generational and historic trauma, emphasizing the need to move past stigma in pursuit of quality mental health care (and coverage for such care), as well as trusted providers. A selection of comments on this theme are highlighted below:

> Knowing you are worth having health insurance [is a challenge].
>
> [It's] intimidating. I deserve good health. [But not feeling that way is a] common thing that [the] younger generation has internalized.
>
> Becoming more aware of the generational trauma, what families have been through [is absolutely essential].
>
> [There needs to be a real] acknowledgment of the obstacles [we face], history.
>
> Mental health – understanding mental health [matters].
>
> Access to therapy, past the stigma [would help].
>
> Finding quality mental health care [is difficult].
>
> Mental health coverage/access for invisible diagnosis [is an obstacle for me]. Having a local mental health provider that I could see that takes my insurance because I have to do all telehealth for mental health appointments.
>
> There is a distrust with women. Looking for female practitioners.

Among virtual participants, hesitation issues were more frequently linked to "shyness" or anxieties about potential outcomes (sometimes informed by historical health inequities for American Indian patients) when approaching healthcare professionals, and the psychological difficulties of self-advocacy for such patients. A selection of comments illustrating such perspectives is reproduced below:

> Shyness in approaching healthcare personnel [is an obstacle].
>
> [One] obstacle I face is shyness to approach the health care personnel.
>
> Fear of the unknown and not wanting to find out you have a health problem; lot of Native American families have historical health disparities in the family history (i.e. high blood pressure, diabetes) [which can contribute to these anxieties].
>
> Shyness is an obstacle. Not everyone has the courage to advocate for themselves…There needs to be more awareness programs, more flyers, more information."
>
> Fear and anxiety about diagnosis [has been an obstacle for me].

In their discussions about the kinds of communication processes that work best, in-person participants urged that medical communication needs to be "respectful" to qualify as "care," with some recommending "constant reminders for things you need to follow up," and others sharing that they "prefer reminders from [their] healthcare provider, and maybe not [their] insurance provider," suggesting perhaps that more relationally-based communications are more effective and welcome. Others described the utility of "infographics," arguing that "MNSure and Medicaid could do better here," or, returning to issues around the renewal process, shared that, for them, "[The] renewal process is a huge obstacle. Language and conversations that are not explained/reasonable [are frequent barriers]. Engagement that provokes arguments based in frustration [often results]." Virtual participants also discussed outreach and communications, considering how flyers, social media, and outreach processes might be made more widely available and accessible. Some of the ways participants of the virtual events described these issues is highlighted below, in the notes from one group's discussion on this theme:

> One of the obstacles I encountered you couldn't get equitable access to services. I feel there's a way to be introduced or enlightened on what resources where we need to search. The healthcare as a whole should be upgraded to in terms of availability. Outreach is so important.
>
> [*Facilitator asks*:] What is the best way for you to be reached?
>
> [*Participant responds*:] Flyers should consist of the best resources. Where you can access resources where you can find the best hospitals, you know. That goes a long way.
>
> [*Facilitator asks:*] What about social media?
>
> [*Participant responds:*] I've always thought it was frustrating that when you go on social media, if you want to know something about like health like for example, I wanted to fill out a survey for my area school district. The school district wanted us to participate in the survey and I'm like where is this survey I can't find it anywhere, but you know if I logged on to my Facebook page and wanted to know gossip or like some dramatic thing that's happening, I would know it in 2 seconds. So, I've always found that frustrating that if data really is super available and you can really make a presence with things on social media but it seems like people are so much more interested in in sharing drama and negative things than they are about sharing things that are beneficial to our health. So, I always found that frustrating.

As in the in-person events, however, virtual event participants felt strongly that respectful and compassionate communications were an important element of making Medicaid and healthcare systems better and more accessible, with a number of comments linking such respect and empathy in communications with needed anti-racism efforts and issues of cultural competency. In the words of one virtual participant, "experience with Medicaid is [a] cultural competencies issue, and there is a limited providers' network." Other participants made these connections in ways illustrated by the following excerpts from the discussion notes:

> [One of the] biggest obstacles I'm faced [with] is discrimination and the way doctors explain or miscommunicate and talk to me as a patient.
>
> Having somebody who is culturally competent or looks like me is rare to find.
>
> They often don't talk about my stress, the things affecting me every day. But my doctors often just tell me I'm fat. I'm a caregiver for my husband, it's hard to find the support.

I'd like to bring up something that relates to this and the question before – the experience of being an adoptee. Forms to this day don't leave a place to indicate that you are adopted and that can be really frustrating. And the blatant racism.

Racial discrimination [is an issue] and [it is related to the experience of] low accessibility [of care].

Some groups were especially pointed in their consideration of the need for ongoing and meaningful community dialogue and engaged decision-making, expressing these interests and concerns in ways illustrated by the following quotations from the notes of the in-person events:

We need to have these sessions more often.

DHS is perpetuating the disparities we see.

DHS needs to change the policies that are in place.

If we could get our leaders who run the reservation to have an open meeting to discuss these things [that could make a big difference].

If we could have a bigger meeting maybe that might make a difference.

We need transparency to what is happening in Medicaid.

A smaller subset of comments also returned to consider the centrality of land, water, food, sovereignty and self-determination, raising the issue in comments like those below:

[I need to be able to] access traditional medicines and foods.

Disconnection to food and to people and to health [is a big problem].

How about a program that is including food and healthy food? [There is a saying that the] 'Garden is women's sweat.' Having hands in soils [is medicine].

Land – place and space to grow foods and medicines, foraging [– these are essential to health].

[A barrier I have faced is] water, access to clean water.

Seasonal family traditional activities [are important].

On the need for better advocacy, support and protections for elders, youth, and those suffering from substance use disorders, participants proposed the following ideas in the notes from their in-person and virtual discussions:

There should be better protection for elder[s]. Sometimes guardians are needed.

We had a mentorship program for our youth [here in Bemidji], but the program ended.

It's hard to find someone to do a Rule 25 [to get help for someone suffering from a substance use disorder]. It takes so long people end up going back out for lack of support.

There is no support entailed to help people get the treatment they need.

> There should be a 24-hour treatment center here in Bemidji.
>
> I think for me, I can kind of speak for my dad who is going to be 88 this summer. He's kind of hard hearing and so I'm seeing for the first time the lack of patience people have with explaining what's going on and what he needs to do, and so as his caretaker, I have to really make sure that I understand really well so I can explain it to him later. I saw one provider do something that worked really well, she took the time to ask him after each step what he heard to make sure he really understood, and that was really effective. So, I'd like to see more people do that. *[Virtual participant.]*

Both in-person and virtual participants spent time enumerating the benefits and challenges associated with telehealth and audio-only telehealth appointments, offering a range of perspectives from which emerges a mostly-positive view of telehealth alternatives as one additional option in a wider healthcare landscape which for some needs and circumstances *can* offer a solution to transportation challenges, or a convenient way to meet some basic health needs, though a number of complexities and barriers were also raised by both groups of participants. Several discussion groups submitted notes describing their preference for an emotional connection with healthcare providers and suggesting that such a personal and relational experience is less common or more difficult to achieve in telehealth models. Others focused on challenges related to long waitlists for telehealth services, the difficulties of navigating potentially unfamiliar technologies, and the gaps and interruptions in internet and cellular phone service which make connecting to such resources difficult, especially for elders and those located in more rural areas (or lacking base technologies like access to a phone or computer).

Below are some of the ways that participants of the in-person events raised these issues:

> [I] have no phone, landline or cell phone, can't have both – lose cell phone then no more phones [so telehealth is inaccessible to me].
>
> [You need] access to internet to get help. [The] waitlist on telehealth [is] too long, setting up appointment[s] is big barrier, need on-call [services and support].
>
> [There is a need for] more internet providers, not just Xfinity only at Red Lake building, need more internet service providers [to make telehealth more accessible].
>
> I've used phone only appointments and it was okay. I used them but didn't have my chart on file, so they didn't know my personal background.
>
> …Having a local mental health provider that I could see that takes my insurance [is a challenge], because [of that] I have to do all telehealth for mental health appointments.

Similarly, virtual participants had much to say on this theme. Some of the ways they approached the topic are highlighted in the quoted material below:

> Telehealth is convenient, saves time for routine appointments such as for medication prescriptions.
>
> Using tele-health that was very helpful, [I was] able to attend with other family members.
>
> A major obstacle one person [in our group] shared was that telehealth did not provide an emotional connection and by that, they meant the provider was not able to understand how they felt. This person feels like telehealth could be useful for consultation but not urgent [health concerns]. Telehealth may not

be able to validate your feelings, or you may not be able to understand your concerns and it can be difficult to diagnose someone [virtually].

I've used telehealth services before, it's a very good service but I prefer the physical visits. I think it is more effective than the telehealth services. [*In response, another group member replies:*] I agree. I prefer in-person too.

My experience with audio-only telehealth services has been positive for routine check-ins, but I believe in-person visits are essential for more comprehensive care and examinations.

No internet access issues can also be a barrier.

I think this [question about telehealth] is really an important question also. I had mentioned some of those disparities when I spoke the last time, but to have some other kinds of considerations, especially for elders who might say that my eyesight isn't that good, I can't read what's on this form here, or I don't know how to use the technology here, or even the font is hard to read or too small – these can seem like small things, but they are important to elders who can't see very well. There are a lot of people I know who are elders who talk about these issues with technology and not being able to access telehealth for example, for those reasons. Or they might have seen on TV about this phone that reads out whatever the person you are talking to said, I don't know what the service is called but it's supposed to be for people who are hearing impaired or sight-impaired – I wish that they could have access to those resources. It would be great to make these resources available with some training for how to use them. Often, I think there can be some shame about saying that they can't hear you, so they will nod along even though in reality they can't hear, which leads the provider to think that they can hear them. I think there can also be some anger when they feel like they are having issues that aren't being heard or taken seriously. I have a friend who is an attorney and a doctor also – which is a strange mix – but he worked at one of the reservations up there, and he started losing his eyesight, and called me up one day and said what's going on down at the clinic there, they sent me a report on my metabolics and I can't read it, so I said I will go down there and read it to you.

Transportation is a challenge when seeking healthcare. Access to affordable transportation services or telehealth options would help overcome this obstacle. I haven't used audio-only telehealth services, but I see its potential for remote areas. Prioritizing telehealth accessibility and culturally competent care through Medicaid would greatly benefit our community."

Prioritize language accessibility and telehealth options for all.

[When it comes to] language barriers – having an interpreter available [helps].

[Medicaid] should open more options for telehealth.

Participants of the virtual events also used this section of the Mindstorm to expand upon or continue conversations about administrative challenges with Medicaid or healthcare more broadly, pointing to long delays, system inefficiencies, and overly complex administrative processes in particular. Comments in this section also highlighted confusion about where to go for information about enrollment and coverage with some suggesting that existing resources are unclear and others emphasizing experiences of information overload, or general issues around the lack of clarity or confusion they have experienced when seeking information about their options and attempting to make decisions about health insurance and care. Such themes are illustrated in the excerpts below:

On long delays, system inefficiencies, overly complex administrative processes:

[Our group had a] discussion on delayed responses when seeking or reaching out about healthcare. New updated systems and making it user friendly to all education levels [would make a big difference].

Another person [in our group shared] – and other people echoed – that the delayed response in healthcare is a major obstacle. Another person further said that a long waitlist – if it is very difficult to make an appointment with a healthcare provider – a long wait time might inhibit the person from going back to the service they need. The delayed response in healthcare was emphasized by another person [in our group] as well. Somewhat related to this, a person wrote that inefficient workers were another obstacle in accessing health care.

Long wait times, fear and anxiety about diagnosis.

I would say personally I haven't really experienced any, in my case the diagnosis process was amazing. But there's this administrative delay, and not for me but for some of my family members there's [something] controlled by us, which I haven't experienced personally, but I think of the administrative delay.

I have experience with Medicaid/MN Care, which has provided essential healthcare but can be difficult to navigate. These programs help but sometimes delay access to treatment.

My role is in quality and compliance and making sure programs are credentialed. I make sure the programs from the providers are credentialed, one thing that is frustrating, we need to register differently because we're a tribal entity, so we have to reach out and ask questions. The help desk doesn't understand tribal healthcare and don't understand how to help us navigate those forums. It's an opportunity to really improve the folks working the help desk had more understanding on how tribal healthcare works and how the tribes connect with State of Minnesota healthcare system.

On where to go for information about coverage, enrollment; information overload and lack of clarity/confusion about options and decision-making:

[It's been difficult] trying to figure out what is actually covered by insurance and what is not covered by insurance.

Where to find a doctor to go to, and making a commitment, navigating the h[ealth]c[care] system [– these are things I struggle with].

Choosing a plan was difficult because it was unclear what the differences were, and being assigned one meant the pediatrician their kid went to fell out of network and was turned away. The process for correcting that took too much time, so had to pay out of pocket.

When it comes to the lack of information in the healthcare system it can be confusing and overwhelming.

Understanding who [can] qualify for Medicaid and understanding who are eligible for Medicare [is confusing]. The process can be cumbersome and time consuming to complete the application form when English isn't your first language.

In the words of one participant, linking this issue with other key themes from the overall discussion: "To improve health for American Indians in Minnesota, we need simpler processes, more funding for culturally competent care, and better access to traditional healing practices."

Question Set 5: Participant Questions for DHS

We asked: *Do you have any **questions for DHS?** Is there anything you'd like to know more about? Anything DHS should know?*

In this section, thirteen (13) small groups (7 virtual and 6 in-person) submitted notes outlining two categories of feedback: (1) lingering questions that participants had for the Department of Human Services (DHS) and (2) information that they believe DHS should know. The comments in this section have been organized accordingly and reproduced below for the department's consideration.

From in-person participants:

Questions for DHS:

- "Why are things so expensive? Drugs? Childbirth?"
- "Waterbirths" [Can these be covered and made accessibly available?]
- "Why aren't midwives covered [for] home births specifically?"
- "What should I be doing as a kid?"
- "How do we more easily get health information that is relevant and answerable?"
- [One commenter also wanted to know where the sticky stat data on the numbers of American Indian birthing people on Medicaid came from.]
- "Income changes jeopardize care – how can we curb this? Cushion period?"
- "Can we create a service of coverage that is aimed at relief? Percentage based."

Things DHS should know:

- "Make mental healthcare more accessible."
- "Medicaid should cover fresh fruits and veggies."
- "More transportation coverage."
- "Help to fix cars, replace transmissions."
- "Low interest loans to support needs: fix car, pay rent."
- "There is no access."

From virtual participants:

Questions for DHS:

- **Internal Racial Equity Qs:**
  - "Is employment among Minnesota DHS, Medicaid workers and healthcare providers racially equitable?"
  - "Will a qualified doctor from a minority community receive equal opportunities?"

- **Outreach and communications:**
  - "How do you [inform] people about Medicaid? What strategies do you use to reach out to people?"

- **Policies, Initiatives and Next Steps:**
    - "I'd like to know more about how DHS plans to improve healthcare accessibility for marginalized communities. Are there specific initiatives in place to address cultural competency in care? What steps are being taken to streamline the Medicaid enrollment process?"
    - "[I'd like to] learn more about social determinants of health within Medicaid programs. How is DHS collaborating with community organizations to provide support beyond medical care? How does DHS plan to enhance healthcare access in rural areas, especially for American Indian communities?"

Things DHS should know:

- "I just want to tell DHS to carry out **more awareness** programs and **more studies like this."**
- "DHS should know that there is **still a lot of mistrust** in DHS – especially in American Indian communities. For hundreds of years that information has been used against us. So, if you are having a hard time getting the info you want from AI communities that's why. Repairing that trust is a MUCH larger project than these small reports like this. Sharing is difficult for us for that reason. ***If you are hearing silence when you want data that's why***."
- "Part of me feels like there if there was a better process for even automatic enrollments or **some sort of streamlined ability to identify people in the community who maybe lack access to healthcare** or, you know, have maybe reduced access or, you know, the financial eligibility [it would be a huge improvement]. In a lot of different I think other areas of our life you know health care being the one that we really need, there's a simpler application process and there's so many people who go without health care coverage just because navigating the system, advocating for themselves. Those can be real challenges. Whether we have communication, language barriers, you know, our, cultures are not intersecting, I think. Sometimes I feel like maybe if there was more of like that, like door-to-door type knocking type effect, that sometimes we would get more enrollment numbers **because open enrollment I think can be really overwhelming for a lot of people too**."

Question 6: Anything Else?

We asked: *Is there **anything that we didn't ask that we should have?** What isn't here that you would like to see? Are there any questions you have? Please share your question(s), and any answers that your group discusses.*

Fourteen (14) groups (8 virtual and 6 in-person) submitted notes in response to this open-ended section of the Mindstorm. Among participants of the in-person events, the responses in this section can be organized into five thematic subgroups. Four comments represent additional questions participants had for DHS and three recommend things DHS should know, support or fund. Three comments name questions participants wish we had asked in this Mindstorm,

highlighting additional areas of participant interest and concern which may be valuable in future engagement efforts. Ten comments suggest a desire for ongoing engagement and relationship building or speak to the kinds of people who should be involved in such efforts, and a desire for transparency and follow-up on this project. Four comments speak to the value of community participation in policy and decision-making, citing to the courage and vulnerability it takes to share one's story and experiences in such a forum. The comments submitted by in-person participants have been organized into these categories accordingly and reproduced below:

Questions for DHS:

- "Why is there not more community involvement?"
- "Why is there not Indigenous people at all levels of DHS and healthcare?"
- "Why do they want to use us in photos but not actually help?"
- "[What are] DHS['s] accountability measures for equity?"

Things DHS should know/support/fund:

- "More scholarships for Native people to become doctors."
- "Finding more stable federal funding to support more community health programs that address social and cultural and economic barriers to healthy eating, exercise."
- "DHS could be more transparent with what they are hoping to do with this information."

Questions we should have asked:

- "More specific questions about mental health. What do you need that will help you? Impacting employment."
- "[Questions about] social security/disability benefits."
- "[Questions about] culturally relevant communication about practitioners, different kinds of therapy."

More of this: desire for ongoing engagement, community-informed policies, and relationship building:

- "Networking and connecting and staying connected.
    - Need more information and discussions.
    - Strengthen our relationship.
    - Where are the decision makers in the space? We need them here.
    - Being shared openly, umbrella.
    - Feedback to community.
    - Come back and [do more] engagement."
- "I feel that DHS should do more to get more public opinions on more subject matters."
- "Transparency is key."
- "Need more awareness."

Value of community participation

- "Reimbursement of community story."
- "Had to put a lot of trust in the Table and vulnerability and may cause body responses."
- "An individual has a lot of courage to share their story."

- "Involvement of community story."

Among virtual participants, submissions in this section of the Mindstorm can be organized under four key headings. Two comments speak to the desire for more opportunities for engagement and dialogue like those offered by this project. Three comments represent general ideas about health and wellbeing or the event materials. Three comments describe community resources or opportunities. And two groups used this space to submit the entirety of their discussion notes in a single section of the Mindstorm, rather than divided by discussion topic or question set. Although the content of these notes has been thematically analyzed and incorporated into the section-by-section discussion by theme, the full text of the notes and transcripts from the discussions can be found on page 48 of this report (entries for this section start on page 79). The remainder of the comments submitted by virtual participants for this section of the Mindstorm have been organized accordingly and reproduced below:

More of this (ongoing engagement):

- "I will advise the organizers that more of this program should be carried out. Like more outreach."
- "Creating more insights and more of this program, it's really educative [sic]."

General comments on health and wellbeing and/or the event/materials:

- "Wellbeing is very important and not just one thing. It means different things for everyone (it's not just health, but also other components."
- "Keep being stronger and getting better."
- "Some of the sub-questions could have been their own questions, especially the specific ones about community resources and needs."

Resources/opportunities:

- "Lot of MCOs attend Native American events as vendors, it would be great to see DHS at these events tabling."
- "Hennepin County has a community-events calendar they can share."
- "MA-PD program, Native Americans don't have a premium they need to pay but after the pandemic, a lot of people are getting put on spend-downs. Native American people should not have to pay spend downs."

DHS Engage! Pathways to Racial Equity in Medicaid
Community Conversation Series Kickoff
14 May 2024

Mindstorm: Oral Report Notes

About These Notes

The below notes were taken by members of our research team during the oral report-out from the Mindstorm small-group focused conversations during the Engage! Pathways to Racial Equity in Medicaid Kick-off event hosted virtually on Zoom on May 14, 2024. During this activity, participating discussion groups nominate a representative from their small group discussion to share with the larger group a few key themes emerging from their conversations. Groups have been numbered according to the order in which they presented.

Group 1: Wellbeing and health: So, in the group we discuss[ed] about wellbeing, and I just found out that people have different meanings. They understand wellbeing in different perspectives and according to the whole, to the group, it just came to a conclusion that wellbeing is different in different persons, different domains. It's in both physical, mental, emotional and social aspects of a person's life, involvement in terms of such as happiness, life, satisfaction, full, and the overall contentment. So, I think, you know, some, so most people just think that well-being is just like and well-being. And I'm not sick. So, that's all. But you have to consider those factors that it is physical. Mental, emotional and the social aspect of your life. Yeah, maybe when we talk about health, we can focus more on the physical. But yeah, so, both held it is the state of a person's body and the sense of to seize or injury. So, when we talk about well-being, people should not just think about health. Cause health it's, well, health is under wellbeing, so you should focus on physical mental, emotional and the social.

Group 2: Thank you so much, we talked about a lot of the questions, I think. Some of the pieces that I'm reminded of are just how important it is to be incorporating awareness of. Diversity equity inclusion work. In all of these areas and also knowing that that always doesn't incorporate proactive anti-racism work, which is different than DEI work. So just making a note of that, the importance of access. To traditional medicines. Listening for perhaps what isn't being said. Especially when folks are feeling vulnerable, it was shared that, you know, sometimes maybe their shame around one's experience or medical story. So, listen for what's actually not being said. I think is important. And then I think lastly, a population that maybe sometimes isn't always heard from is that of those of us who are adoptees. And how do our stories and our histories and lack thereof come into play with, in the systems as well. Thank you for listening.

Group 3: So, one of the conversations that we had in S——'s and my group was that lot of the

times it's very challenging to know where to begin finding a medical provider if you don't know or if you don't have insurance. It's just a very challenging step to begin finding your health care provider or knowing who to go to for what.

Group 4: Really the main emerging theme in our group was just kind of the delay in service. It came – it kept coming up repeatedly and in multiple questions. So, I would just say that's kind of the big takeaway in our group.

Group 5: There was one thing that I thought was really powerful and that was the person shared that with more complex medical needs, Medicaid didn't cover some things and so then it just kind of seemed pointless. And that really stuck with me.

Group 6: I know we talked quite a bit about the importance of physical and mental health being. You know being accounted for when we're talking about health and wellbeing. The importance of advocating for yourself. Having, insurance options. And coverage for the service that you need. And then. The other aspect of health and wellbeing is that. You know, ensuring that our body is at its utmost level, so happy, healthy. Being in a calm environment. And then of course doing the things that maintain health, drinking water, getting exercise and, discussions about also yoga. Around obstacles, I, I think maybe, in addition to what has already been mentioned is. Sort of where there is hesitancy and sharing. What you're experiencing so it was described as being shyness, having shyness that that's an obstacle. And then learning, this process of what it means to advocate for yourself and having that courage, but it's not necessarily something that you are kind of already know how to do, you kind of have to learn some of those skills of, advocating on behalf of yourself and your loved ones. And I think. Awareness again also came up. Creating information that is gonna be accessible but also you know information that you know allows for people to be able to understand the complexity of health and health care.

Group 7: When I showed the question, do you have any questions for, DHS is there anything you'd like to know more about anything they just should know one of the participants said for Medicaid She likes, she likes their coordinated care, but. They have complex eligibility. And me and L——— kind of talked about it if she can speak to it like. I was kind of wondering like what kinds of complex eligibility like. Like what exactly? But you know, we didn't, she didn't get to elaborate a lot, but we just talked about, I thought that was a good point like everything can't go the way it should when it comes to, coordinated care. So, that kind of stuck out for me. I don't know.

Group 8: I know we talked quite a bit about like sort of access to transportation and I don't remember the name of what it's called, but the transportation that you get for your appointments and actually get to the hospital in clinics and that there's been a lot of barriers. And just like lack of accessibility and just lack of like basic patient care and compassion, it seems like, from a lot of. A lot of times experience using those transportation options. And then towards the end of the conversation, we were also just talking about, I was saying, wouldn't it be really nice if there was a way that you, not that you could just avoid any sort of like, racism or any sort of biases. It's not gonna be 100% foolproof, but wouldn't it be really nice if there were a patient directory and you were able to find providers who are going to be trained in and

on culturally competent health care and being able to take care of, provide health care for Native folks and then R—— also added on and said yeah, wouldn't it be nice if to be able to accept Medicaid if you had to have completed so many CEs towards culturally competent health care. So that's sort of, that was a big thing. I remember her saying that she wanted to share. Yeah, we were talking about, the struggle with disability benefits and just not having, the right resources to get through the Medicare system without facing some challenges along the way such as having the right providers and having them listen to you when you walk in the room and like fully understanding your story rather than taking you at like face value of like what you're coming in to do. There're some other aspects in people's lives that affect their health and that's something that's not considered when they walk into the medical room. So those were some of the things I noted down. And just more talking about what challenges were faced by marginalized communities and Tyra you also mentioned smudging and bringing that into the rooms and being questioned by providers about smudging and what that is and not really fully being accepted into spaces, and that's something that was seen as valuable. To a lot of people in our discussion group.

Group 9: My group was all introverts. Shout out to K—— for really participating in the chat. Our group talked about cost and specifically how finances are a huge obstacle to being healthy. And that, yeah, that one piece the most. Health organizations can start is just looking at the cost of access to care.

Group 10: And in my group, our discussion was very short, but we definitely talked about the obstacles that people face when getting a hold of Medicare or even healthcare. We also talked about how we can't get like they can't get ahold of certain medicines because of the kind of Medicare that they have or the health plan that they have. But yeah, that was kind of the gist of what we talked about. So, we didn't get too much, but yes.

Group 11: We had a shy group as well. I talked most of the time. But a lot of my sharing was my personal experience with health. So just having my family members pass away in the past year and a half, all due to health-related illnesses and just how important it is for me to care about health and wellness as the matriarch now of my family. So having like everyone kind of depend on me now, it's really important that I take care of myself. So, I just shared a lot of personal information, but it was it was received well in the chat by a couple of folks which wish was validating so I was really glad to have shared but yeah, we had a shy introverted group and I'm a flaming extrovert, so…

Group 12: I don't think my group has shared. So, K—— and I, group had a wonderful conversation and two themes that came up a couple of times was how, you know, health goes beyond the physical, you know, it's mental, emotional, spiritual and it'd be great if insurance and Medicaid reflected that such as like, you know, providing a free subscription to the Y[MCA], so, people can really practice that. And then additionally, you know, now that the weather is wonderful and, you know, it's nice outside. How great it would be if organizations such as the DHS can go to community events, and you know get people talking about their health and healthcare.

Group 13: So, when it came to the first question, what does health and wellbeing mean to

you? We talked about how you know, physical, spiritual and mental health all contribute to the overall health of one's, wellness. And so that was a really fruitful conversation in the chats and we kind of talked about how food and nutrition and rest were all very important. And then for number 4, we had a lot of feedback as well, too, in regards to obstacles that individuals face when, seeking health care. Two of the answers that stick out to me that I remember right now are finances and being shy and I think oftentimes being shy comes from being afraid and things that we don't know about things that we don't know, and the unknown is always something to fear. And so, we did have our scribe who was very helpful and very resourceful. I think your name is L——. I hope I'm not mistaken your name again. But she talked about mentor[ing] and navigators and so That's the way for people to be able to like, access insurance help if that's something that they're looking for. We drop the chat; we dropped the link in the chat as well too and so... Yeah, that's about it. I don't know if I missed anything, but. Yeah.

Group 14: Hi, everyone. So yeah, I saw in our group, we actually spoke about the different obstacles we actually experienced trying to access some health care services. Which some part of it was a long wait list, some people had to go through before they actually, get to meet a particular health practitioner. And we actually spoke about our health. What's to do? The physical, emotional aspects of being healthy, we also spoke about, we didn't really speak, talk much about. We really emphasized the effect of telehealth. Which sometimes one doesn't have this, you know, human connection with the person you're actually speaking with in the other end. So sometimes it happened that you know you don't get to. The person doesn't get to validate your feelings about what you're feeling and cannot really be of help to you at some point.

Group 15: Yeah, I think one of the main takeaways from our group was, just a caution to not discount – some of the main takeaways from our group was, just a caution to not discount some of the traditions or other things that people want to bring in and all the traditions or other things that I was, just a caution to not discount some of the traditions or other things that people want to bring in and all the onus is really on the health system to create that integrated experience that patients are wanting. We just have to figure out a way to do that. These people want to be healthy and well within a social context, that patients are wanting. We just have to figure out a way to do that. These people want to be healthy and well within a social context.

DHS Engage! Pathways to Racial Equity in Medicaid
Bemidji Community Conversation
28 May 2024

Mindstorm: Oral Report Notes

About These Notes

The below notes were taken by members of our research team during the oral report-out from the Mindstorm small-group focused conversations during the Engage! Pathways to Racial Equity in Medicaid Kick-off event hosted in Duluth (in-person) on May 28, 2024. During this activity, participating discussion groups nominate a representative from their small group discussion to share with the larger group a few key themes emerging from their conversations. Groups have been numbered according to the order in which they presented.

Group 1: I'm one of the older folks in the room, we had a question about what healthcare or wellbeing was like in the 60s when you grew up. For me, we were on welfare, we were always put into general hospital or group clinic, so you felt you were part of a lower-rung healthcare, you always felt like you were a second-class citizen. When you go there you don't see representation, you don't see your own face there. They don't know who you are. We got to talk about [what it looks like] to have wellbeing in your life, what does that mean to you. I remember learning about my cultural connections to my community to provide leadership: value yourself and your community, catalyzing the community to see ourselves as worthy as anyone else. That whole effort in addition to our traditional teachings builds a foundation to healthcare. If you don't have a good mindset on where you are, where you come from, if you don't have that, a lot of things fall apart. Without the support system, these things can fall apart, that's why we do all the negative things in our lives and without those things we need. To live in a dual society, as American Indians, but in a white society.

Group 2: We talked about affordable housing, currently I'm homeless and I can't afford housing, because I got in a shitty situation. We also talked about access to healthcare and mental healthcare, it's a big problem in our community, when we talk about everyday health, they don't realize. Reliable transportation, not having access to a gym. In Hinckley, there was a native gym. Having culturally inclusive therapists, more access to sweat lodges [is important]. At Essentia, there are 10 or more requests per week for traditional healers.

Group 3: I did enjoy all the conversations, [we] discussed every question. One of the things that stuck with me was basically how access to services has been a big struggle over the years. There have been programs that become available, but they're so hard to apply and get all these grants. The community can't even take it, so they don't have to pay any out because it's so hard

to apply for it. Which I know you're working on, which is good to see. We mentioned schools, we should be a leader for data in Native American communities. We're bringing in data, but they're patting themselves on the back, it needs to lead to change. We need to stop patting ourselves on the back, but actually do something about those numbers. I'm hoping to make those changes in the next few years. Like water through a canyon, as long as it takes, we need to make the changes.

Group 4: Access to traditional healers, we don't have a listing of traditional healers we can turn to. I don't know if that's something people want to formulate, in my experience when I sought help, I didn't always know, I kept looking until I found the help I needed.

Group 5: We spoke about the challenges that come with healthcare. It's a house of cards, one thing goes wrong, everything else goes. Everything they've faced, their kids have faced, they've shown nothing but grace, integrity, one of the most impressive mothers I've ever had a pleasure to meet, when you need help with NA there are no services available here, they're only available in the cities. what if you don't have transportation, they can't get services in this town. We need to look at how to improve the system for the most vulnerable, the most needing people in the community, take a look at fixing at what is already here

DHS Engage! Pathways to Racial Equity in Medicaid
Minneapolis Community Conversation
5 June 2024

Mindstorm: Oral Report Notes

About These Notes

The below notes were taken by members of our research team during the oral report-out from the Mindstorm small-group focused conversations during the Engage! Pathways to Racial Equity in Medicaid Kick-off event hosted in Minneapolis (in-person) on June 5, 2024. During this activity, participating discussion groups nominate a representative from their small group discussion to share with the larger group a few key themes emerging from their conversations. Groups have been numbered according to the order in which they presented.

Group 1: We said not worrying, being joyful, no anxiety, being able to do what you need to do. Going to ceremony. Being whole, being satisfied with what you have. For [question] number two, we said prayer, being outside, being at ceremonies, eating traditional food, music, drums, stuff that keeps us going. Our biggest obstacles are access to land, water, medicine, growing our own food, using traditional foods and we need land to do that, that's our biggest obstacle to traditional food.

Group 2: We had some good conversations, talking about health and wellbeing and what it means to us. We talked about how interconnectedness and that balance for some of us, connected gardening, which ties into the next questions, about family and cultural traditions and routines. Gardening and being out and getting your hands dirty, the spiritual connectedness is important to us. We come from people and generations that are sustainable, we shared a lot of experiences of state programs with obstacles in care, we talked about different programs and regarding health care and mental health.

Group 3: I dominated the conversation, that's why they made me become the speaker. We talked about what health and wellbeing. My input is that we all have a holistic person in us, emotional, social, intellectual, physical, all those things add up to a role. It holds you strong, when things break down in our community, and it usually does, twine is a lot weaker than a rope, a lot of people find themselves without those things. Maybe they don't exercise, or don't have social connections, or they have mental health issues, so they fall into despair, and many reach for drugs and alcohol to make themselves feel better and they look in the wrong place. If you don't have this rope, it affects the way you cope. With art, it's a healing thought, if people can identify with it, it is healing in of itself. We are all healers in one way or the other. Everywhere we look is our cultural healing and people look for that to gain health and wellbeing. [We also spent time] talking about our experiences with Medicaid, some people say

they can't get services for some places, it's hard to find healthcare where they are located that meet the needs.[8]

Group 4: We were sharing about health and well-being. It's about being holistic if we choose, there are different ways of being holistic culturally. This earth and medicine flows from the earth, if the pesticides don't kill a lot of the things. It's in things we are eating, what's not being broken down by our bodies. In terms of families and cultural traditions, who are we relating to when we go to the doctors, because even when talking about high blood pressure, who have they tested, and if you have pain, your blood pressure will be high. Instead of creating these band-aids, how do we get to the root cause and heal from there. What would it be to have an inclusive table with the black African American table, the indigenous community, what kind of transformation can we have with government.

Group 5: I'm a nurse at Abbot, I'm also a chair at a birth equity program that other nurses created to decrease disparities in the communities here. We're on a grant that's ending this fall. I came here tonight to make connections to hear everyone's voice, to see who else is working in equity and healthcare. Who is seeking to promote equity in healthcare. To summarize the first question, the health and wellbeing, when we have access, we need providers that actually take Medicare/Medicaid. That's a huge barrier, there's that mental health ceremony, being able to incorporate our ceremonial practices in the healthcare environment. At the mother-baby center, Abbot has a policy about smudging, but the center didn't know about until we had to come in 9 years later to inform them about this policy. One of the biggest barriers is to have culturally competent care and to incorporate it

Group 6: I like to be kind and eat good things.

Group 7: We talked about co-pays, transportation, communications with phones, cell phones, house phones, Internet as well. Safe spots for people that use, having a building rather than doing it on the street. More benefits, more options for different things for Medicare/Medicaid.

Group 8: We talked about holistic health and wellbeing, acknowledging your emotional, mental and spiritual. When one is deficient, how do you improve that. How can you use this to incorporate with western medicine. We talked about prayer, community support, cultural practices are preventive care practices. Providing more resources around these traditional medicines, having more traditional medications available through healthcare system. We need more compassionate providers, what is it like to grow, to be people centered. One thing we asked: we talked about care for self. Offering more cultural practices for imagining, having conversations in community. It will determine what the next generations need, but also what they could use.

[8] Scribe unable to capture all comments shared by this group (technical difficulties).

DHS Engage! Pathways to Racial Equity in Medicaid
Bemidji Community Conversation
11 June 2024

Mindstorm: Oral Report Notes

About These Notes

The below notes were taken by members of our research team during the oral report-out from the Mindstorm small-group focused conversations during the Engage! Pathways to Racial Equity in Medicaid Kick-off event hosted in Bemidji (in-person) on June 11, 2024. During this activity, participating discussion groups nominate a representative from their small group discussion to share with the larger group a few key themes emerging from their conversations. Groups have been numbered according to the order in which they presented.

Group 1: We talked about healthcare access, ceremonies, transportation prepaid health plans.

Group 2: Building a health gym on the rez that we all have access to. Having a pool for the elderly, for people with mobility issues, it's very important that they still have a place where they can exercise. There is only so much that bikes and treadmills can do, and usually for young people, we need more activities and exercises for older groups. Having more activities for people, like bike rides and other things, there is often not enough to do in groups.

Group 3: Our group talked about [question] number two. We talked a lot about traditional medicines, we talked about how we got into these things that disrupted our way of live. From birthing, through teenage years, to adulthood. Some of the things that helped us were no longer available. It's important for us to have these opportunities. Being in Bemidji, seeing some of the disparities, we need to have this ongoing, not just one time. Our community members need this space to build trust and share their stories. Rural health, transportation needs to be billable, we need stronger advocates in hospitals, in department of corrections, medical terminology, understanding options, traditional medicines, holistic healing practices, having admin giving more time for more traditional practices. [We also talked about] being able to provide more funding for traditional healers, need access to sickness healers, mental health, pregnancy aides, we need funding for traditional healers, we need traditional healing practices taught, we need nutritional resources, having seasonal activities in and around Minnesota. Need greater frequency of traditional healers, need more traditional life teachings at earlier stages of life. We could go on and on, our voice hasn't been heard in so long, if we can continue to have these conversations, to advocate for us because we are worth it.

Group 4: I came here [to share that] DHS is part of the system that drives health disparities. We only have two equity policies created in 2008, if you want to change something, you need

to change the policies in each of the agencies. Changing the funding criteria, eligibility, but you need to have something that drive those practices. The agency needs to be held accountable for these things; you need to change the policies that govern the decision making behind system.

DHS Engage! Pathways to Racial Equity in Medicaid
Community Conversation Series Finale
13 June 2024

Mindstorm: Oral Report Notes

About These Notes

The below notes were taken by members of our research team during the oral report-out from the Mindstorm small-group focused conversations during the Engage! Pathways to Racial Equity in Medicaid Finale event hosted virtually on Zoom on June 13, 2024. During this activity, participating discussion groups nominate a representative from their small group discussion to share with the larger group a few key themes emerging from their conversations. Groups have been numbered according to the order in which they presented.

Group 1: We all talked about what health means to us, and traditional practitioners. And I think it was mentioned about our obstacles with Medicaid, what are the drawbacks with Medicaid and the benefits and how we think Medicaid could actually improve. T——, can you share that fun fact? I was sharing that Minnesota passed the kids extension care for kids from birth to age 6, which is something that came out of the first report, but that's really been helping people across the state. B——: I think that's really great, worth celebrating that even if your income changes, your child can remain on their care plan.

Group 2: For the question about obstacles to care, affordability was kind of the main thing. There were some questions about whether you could also have private insurance as well as be on Medicaid, and Regina (the scribe in my room) explained to the group that you can. That's nice learning. [On question number] two, I think that was, oh, there's a lot of answers about what health and well-being is to you, focusing on family traditions and the need for sleep.

Group 3: We had a mixed group. Some of the big things our group touched upon: we talked a lot about access to care in rural Minnesota, telemed[icine] – having a good enough internet connection was a big thing that came up. One of the big things that another participant in our group brought up was inequity in healthcare and healthcare access and we had a pretty dynamic conversation about how are we increasing that? How are we, getting more involved? How are we gathering information and I had even brought up and we kind of collaborated on the availability of that information. We also had a really great conversation about getting information out to communities, how that happened. And how much more that gets out into, the communities and it's reaching people that otherwise that information wouldn't, like somebody said that they really enjoyed flyers. We talked a lot about access to care. We also heard from people who talked about needing more specialized help when seeking care.

Group 4: Similar to Elijah, we had a very quiet group, just talked about wellbeing, exercise and physical activity and sports. A lot of it was primarily through chat. I think somebody mentioned diabetes care and programs for that, so I thought that was pretty highlighted in our chat. In our group a lot of people didn't have or hadn't experienced obstacles with Medicaid, but one family shared their experience with care for diabetes on Medicaid.

Group 5: We had kind of a quiet group. When we went through the questions, what I had shared throughout the questions, um, I used to work at the Native American Community Clinic, but I also go to the Indian Health Board for my primary care though, and what I do like seeing at both of those clinics is that you can go there for medical, dental, mental health – I get calls all the time for preventive care reminders, mammograms, they do have a good primary care clinic, but at the same time there are cultural things that they provide, like the [something] ceremony, beading classes, [something] classes. I did work at NACC, and we would have a list like, [this person] is insured, they get moved into care, but [this person] is not insured, so we could move them through an insurance process. I think those clinics are good at providing care mentally, physically, all around. But I do live in Richfield and there's nothing like that around here, I do go to the cities for care. My kids go to Allina which is nothing like that.

Group 6: Some additional support about Medicaid enrollment, what the process is would be helpful. See the benefits of telehealth, but also realize that sometimes in-person might be better. Also had some questions for DHS about what kinds of programs are in place for cultural competency.

Mindstorm Notes | Raw Aggregate
DHS Engage! Pathways to Racial Equity in Medicaid

Please note: While the small group discussion notes in this document have been organized by discussion question, ordered by date of the events (bolded in the texts) and separated by discussion group (indicated by the dotted lines), not all groups submitted notes in response to every question.

Question 1: What does health and wellbeing mean to you? What does it look like to really thrive? Do you feel that you have the things you need to be healthy and well? If so, what are those things? If not, what would help you to thrive and feel well?

May 14, 2024 – dIZI #1

- Creating good eating habits and diet, attending ceremonies to help solve problems when someone is having a hard time. Not enough income to sustain wellbeing. Having access to healthcare and resources within the community and limiting barriers to access spiritual/holistic practices.

- Being healthy and wellbeing means feeling mentally and physically balanced.
- Taking care of oneself physically and emotionally.
- Having a supportive relationship/system and personal growth in selfcare.
- Taking care of yourself physically, emotionally, and mentally.
- Being free and feeling like you don't have to worry about being safe, treatment for diseases for everyone (FREEDOM)
- Complete awareness of your physical state.

- Rest and good food.

- Health and wellness are very important to me-money is an important factor to have good health
- Money, good health is necessary for me to be healthy, more resources, access to healthcare.
- Tele-health is a good alternative to office visit, I use closed caption
- Healthcare for my child is important, a supportive environment and good healthcare providers

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- Think about holistic health, especially with maternal health. Mindfulness, yoga, spirituality. Related to reduced stress, better outcomes. Drives ability to access care. Must keep this and behavioral health "part and parcel" of everything we do in health care.

- It's a good way of life
- General connection to cultural practices and community and being able to find that through ceremonies or companionship.
- Been hard to rebuild that in the city.
- Barely living paycheck to paycheck but not doing anything in our lives that are fulfilling.
- There is so much need and no one wants to fill the gap.

- For me health is a state of being free of disease. And it doesn't just have to be physical.
- Health encompasses the entirety of the mind; mental, physical, spiritual. Health is a basic necessity of life.
- Access to general health care is a necessity so they can access medications, psychology, mental health
- Health and wellbeing refer to the overall state of a person's physical and mental health. It includes factors like exercise, nutrition, sleep, and emotional well-being. It's all about taking care of oneself.
- Health is top-notch for me, so I need to be sound physically, mentally and emotionally to be really healthy. And by so doing I take my daily routine that includes exercise seriously.

- Health and wellbeing are everything to me I think the only thing bringing me down is inadequate money
- My family is not separate from me - so my family's health also really matters to me. It feels and affects my own health
- Having money is good health to me
- Our cultural ceremonies where we talk and share health issues. And also, yoga classes too.

- Mental health is important, when it is down it can be difficult, it isn't talked about enough. Having a support system and basic needs met makes it easier to manage mental health.
- Access to the resources you need is important, medication supply chain issues, and barriers to access. Transportation to appointments and pharmacies. Big barrier to access, as well as costs.

- The MN care is my mum, she loves to self-medicate. Health and wellbeing to me means complete social and mental wellness.

- I work at the Indian Health Clinic which is a medical clinic, and we've been around now for over 50 years. I've worked there for 20. In the years it's been in existence we've evolved tremendously to make patient services more accessible. One of the duties that I have is that I function as an indigenous spiritual helper. What does that mean? We have patients being seen in one of the many exam rooms, and if there is a need for mental or spiritual health, in addition to the usual greetings, I go in and we talk about what it is that they need, whether it's information or other resources. Sometimes there are elderly people who are nearing the end of life, and one of the ceremonies that mean a lot to them is that I bring them a pair of moccasins, they want to know that they are prepared to go. And that they have what they need to face that.
- Do I have what I need to be healthy and well? Yes, do I get healthcare when I need it – I don't like to, but I do. It also has to do with why Indian men don't seek healthcare. A few years back with Dr. Deanna from [*inaudible*] we did an interview with ten men from Minnesota, and it was a discussion about why Indian men avoid healthcare. It's really something we need to address. I think some of that is PTSD related. But also, if a person lives on the reservation, they're not always able to get to the hospital, the Indian Health Center when they need to because they don't have transportation, or because they don't have what they need to get there. Sometimes they die because they waited too long to get seen. I'm sure in some sense it could be policy related. I know the IHS is establishing medical care clinics in the communities themselves, so things are changing, but I think that they need to change even more so.
- Health and wellbeing mean a lot to me, and I feel like I have the necessary resources, such as the regular checkup.

May 28, 2024 – Duluth, MN

- Children's health and wellbeing
- Child is wonderful and pays attention in school
- Summer programming for kids for Indian Ed Student
- Father not showing up consistent and that brings up child behavioral concerns
- Kids are very resilient, each with their own personality
- 8 children, some days hard, some days are easy
- Very loving and caring with siblings
- Brother passed away, mother is primary support
- Honest with children especially as they were previously in foster care

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- Stable/affordable housing
- Food
- Access to reliable transportation is needed
- Need a gym in Duluth, similar to Hinkley gym for Native
- Mental health is a part of wellness
- Culturally inclusive therapists
- Coverage for ceremonies
- Need to consider the whole person, health care likes to break things apart (heart health vs. mental health, etc.). Native people understand health applies to whole person – all

connected.

June 5, 2024 – Minneapolis, MN

- Lot of people struggling with coping skills that can lead to a … [unintelligible].
- Need coping mechanisms to take care of yourself
- People need skills to get out of despair
- Need holistic view of health; social, emotional, spiritual, intellectual
- At one point pre-colonization we had all that & lost a lot of ways to cope
- Need to look upstream – employment, education, etc.
- People reaching for drugs to fill that void

- Access to spaces to be healthy, physical – nature
- Back to land, traditional food, medicine, having knowledge of uses
- Vegetables – carrots, broccoli, spinach, green beans, lettuce, fruits, cartwheels
- Physical health and mental health
- Therapy
- Having health insurance

- Not worrying. No anxiety. Joyful.
- Being able to do the things you need to do.
- Having the ability to pick up and hold my son.
- Being whole. Being satisfied with what you have.

- Health and wellness
- Explained to me, used to lead a wellness program. Dr. L described it as a ball and leaving it out creates bubbles and makes it hard to roll. What was said about survival mode and self-care. You learn through public health work and [the] more [I] learned, [the more it] got me upset. 9/10 women in cheaper route can be unhealthy route. Due to chronic stress. As Native people we have low [life] expectancy rate and once upon a time we were thriving and now we are picking up the pieces.
- 9/10 women/birthing people looking into
- Employed
- On assistance
- Pregnant women employed
- % of working women and work site benefits
- Misinforming data and we need to see the whole instead of the portion. Misrepresenting the people and within our community and the beauty and power of the people.
- Does increase better outcomes
- Being healthy spiritually, mentally, physically
- Tough to keep balance, one foot in one foot out.
- Trying to keep everything together.

- All interconnected and [I'm finding] – I raised kids on assistance and been on section 8. Without the program I wouldn't have had that kid.
- Resources, included food stamps, housing support, was creative to make food last. Wasn't always healthy but it made meals. Making decisions also meant letting bills go and being in survival mode.
- Would implement healthy food and undoing habits and undo outcomes of the body. Being mindful of gut health. Health and well-being understanding – based on growing up.

- Insured, health (good doctors, clinics, hospitals), emergency response care, good doctors who don't discriminate you.
- Do what you can, nobody tells you what to do.
- Be healthy yourself, for your family, always take medication.
- Need transportation
- Not understand how to navigate system – how do I find it, are we going to get someone to help or care
- It's hard to get started, damned if you do damned if you don't
- There's no in between (daughters, job) on welfare. 2 months to kick in and get support. Not enough to pay rent.
- Have online counseling, therapy (instead of jumping hoops) culturally native therapist
- Go to struggle, not being judged
- Mobile stations to stop at hotspots, all please more accessible

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- Optimal wellbeing – where you put your energy, care of body is care of spirit, holistic care that leads to sustained healing, justice and care. Community and resources. Wellbeing leading to happiness and life without worrying about survival.
- Traditional and ceremonial wellbeing. Looking at holistic care – mental, physical, spiritual – is just the beginning of the needed framework. Conversations had that involves engagement with self and community.
- How does Medicaid help with spiritual wellness? It doesn't, in relation to local practices.

June 11, 2024 – Bemidji, MN

- Health insurance coverage that doesn't lapse, holistic care, being able to go to preferred providers, whole person care.
- Waking up in the morning
- Taking care of immune system, taking care of hygiene on a daily basis.
- Preferred provider to me would be traditional doulas and midwives

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- To be rich, to have a stable paycheck,
- Know if you have a disability
- You need a gym where you can work on staying healthy
- 24/7 access to a gym to help our schedules

- Healthy workplaces, managers need training sometimes there is nitpicking and it affects your mental health
- More community events are needed
- Elders' walk, children's walk, bike riding

- Have a community, having those there to take care of your, taking care of your elderly
- Free of diseases, chronic diseases
- Physical, mental, spiritual health. Physical exercise, diet, sleep, mental health, connecting through your spirituality, knowing what to access in your community.
- Being in balance with mind, body, soul, indigenous perspective on social determinants of health.
- Stemming from social and economic environments and opportunities
- Accessibility, despite having to travel for treatment, access to insulin, employment, housing, Narcan, using community resources
- Social and economic indicators of health, resources are not available, disparities of what is available
- Narrow eligibility criteria limiting those needing access to care
- Housing/housing stability
- Dental care
- When accessing care, having transportation, childcare, taking time off work
- Food, access to healthy food, especially for children
- Rural health transportation system needs to be sustainable beyond just billable services
- Need greater, stronger health advocates. Not having to visit and travel to multiple places of care
- Indigenous advocates and navigators in hospitals, department of corrections. Native relatives in these roles.
- Advocacy around medical terminology and interacting with medical providers
- Understanding all options including traditional medicines; holistic treatment practices
- Availability and accessibility
- Human services, give admin time for traditional practices

June 13, 2024 – dIZI #2

- Health and wellbeing. Preventative care is really important for me (mammogram, dental etc.). I am a member of Red Lake so traditional ceremonies and medicines are important to me. Morning and bedtime smudges and prayer.
- I'm from Red Lake nation too. Wellness means ALL of me. Physical, mental, everything I need to be in my community. Very holistic. I'm actually on my way to a ceremony right now.
- Problem is that western models are focused on treating illness instead of seeing health as wholeness.
- Outsiders want to come in to Tribes and urban areas
- Love participating in sports. Marathons.
- Practicing health habits on a daily basis so that instead of just surviving you are thriving.
- I take my check-ups seriously. Eating healthy and exercising too.

- Go to the gym every day.
- I feel I have what I need. More time for self-care and stress management would help me thrive even more.
- Health and wellbeing mean balance across mental, physical, emotional realms.

- The overall quality of life and it means physical health, mental well-being, and spiritual health, it's not just health and – it's all well-being and encompasses a lot of things – and emotional intelligence.
- Health and well-being mean active and healthy and having insurance.
- I'm from Red Lake Minnesota.
- Health and wellbeing are to be able to do what I love, with sound mind and body
- Health and wellbeing are fundamental to me, involving a holistic balance encompassing physical fitness through regular exercise routines, nutritional wellness with a focus on wholesome foods, mental clarity through adequate rest and emotional strength nurtured by supportive relationships, all contributing to my ability to thrive and enjoy life fully.
- Health and well-being to me means to be in the right state of mind.
- It means me being fit physically and emotionally.
- In our family, we are connected to the American Indian Community through ancestral ties, honoring and preserving our heritage through stories, traditions, and mutual respect for Native American cultures. My grandfather was a member of Cherokee Nation.
- I am related to the American Indian community through my paternal grandfather, who was a member of the Navajo nation, making me affiliated with the Navajo tribe.
- Health and well-being mean a lot to me. Without being in a good health your well-being is complicated.
- I have faced obstacles in healthcare in accessing specialized care due to limited provider availability in my area and encountering language barriers during medical appointments which have sometimes led to misunderstandings about my treatment options.

- Health and wellbeing mean a lot to me. Physical activity goes a long way. Keep mental and physical health stable.
- To me, health and wellbeing signify a comprehensive state where physical vitality, mental clarity, and emotional resilience intersect, supporting thriving by embracing regular physical exercise for strength and flexibility, adopting a balanced diet that nourishes my body, prioritizing adequate sleep for optimal cognitive function, and fostering meaningful relationships that offer support and positivity.
- Health and wellbeing, for me, mean a balanced physical, mental, and emotional state. To thrive, I need to feel energetic, stress-free, and positive. I have what I need, such as supportive relationships, nutritious food, exercise, and sleep. More time for self-care would help me thrive even more.
- My family practices include cooking with fresh ingredients and regular exercise. Our culture promotes health through balanced diets and meditation. I don't currently use

traditional healers but am interested in herbal remedies and traditional massage. I value yoga and community health workshops and would like more access to these resources.
- Take care of self and make sure is enjoyment
- Also keeping a good weight

- Balance in body, mind, and emotions
- Deeply connected to culture and community harmony
- Thriving is feeling energetic, stress-free, & positive
- Positive relationships, nutritious food, exercise, and sleep
- More self-care time to enhance wellbeing
- Good state of mind, physical condition, and stable financial status
- Access to services needs to be improved
- Home cooked meals
- Yoga and natural remedies
- Mindfulness and community gatherings
- More access to holistic wellness resources
- Access to herbal medicine and acupuncture
- Exercise and healthy eating
- 20 minutes of morning family exercise
- Access to traditional healer, culturally competent providers, better mental health services, economic opportunities, and to thrive and feel well
- Need better access to services

- For me, health and wellbeing mean having balance in all aspects of my body both mentally and physically. Even spiritually and socially too. Health and wellbeing mean having a balanced life where physical, mental, and emotional needs are met. Thriving looks like having energy, resilience, and a positive outlook. For me, essential elements include regular exercise, nutritious food, supportive relationships, and time for rest and hobbies. If lacking, better stress management and work-life balance would help me thrive and feel well.
- Maintaining a strict diet always works for me and regular exercises
- Health and wellbeing to me is very important

Question 2: Do you have family or cultural traditions and routines related to health that are important to you? If so, what are they? Are there ways your culture supports or encourages good health? Please share! Do you work with any traditional healers? If not, would you like to? What kinds of traditional healers or healing resources would you like to be able to access? Are there any ceremonies, practices, or resources that you use and value for your health and the wellbeing of your family? Are there any that you don't have access to, but would like to be able to access?

May 14, 2024 – dIZI #1

- Attending sweat ceremonies within the community, having respect for elders and utilizing Traditional Medicines related to heal illness during the cold winter months for herbal soups once a month. Gaining trust and connection to community members in the Indigenous Community to access Traditional healing support/healers. Gaining the education and knowledge on handling/usage of Traditional Medicines.

- Cultural routines and beliefs according to your values to know what will and will not work for you.
- Boil water and apply it on your face (if you have skin issues) it would fade within a few days.
- Everyone has cultural beliefs and, in the past, Africans used aloe vera for skin conditions.
- Herbs are traditional elements of health.
- Native/traditional food that's good for you. Food in Walmart isn't organic and leads to short life span.
- Go back to our roots and practice what our ancestors use to do to teach our generations how to live a healthy life.

- I do have cultural traditions and routines, yes, my culture supports good health. I don't really know about traditional healers though.
- Yes, I have a cultural tradition that are very important. And would love to work with a traditional healer if possible.

- Recalls a "discounting" of cultural traditions by the allopathic medical center during Lt. [Governor Peggy] Flanagan's childbirth experience. Patients want to be healthy/well within the larger social context. It's our problem as a health system to create the integrated experience that patients desire. Not react negatively to patients who want to bring in other practices.

- Practice smudging and not be questioned by medical staff and social workers, having to explain what smudge is and explain what traditional medicines are and having to have our medicines is important.
- Gender affirming care.
- If people are going to get paid through Medicaid they should have to go through cultural trainings — they misdiagnose people because of the biases.

- Attending community events in May for American Indian month; opportunities to get connected with resources and information; Powwow for Hope; the event had healthy food available to promote eating healthy

- Spiritually, we have sweats; release negative energy during the sweat; helps with mental and spiritual well-being
- Sun dances in South Dakota; helps find your spirituality.
- Medicine men on reservations; cannot access medicine men in the cities
- Need greater access to sweats, ceremonies and traditional healers in urban areas (without having to go back to the reservations)

- Relatives like to take walks after they eat, and I think that is one way that they promote good health. What are yours?
- No, I don't

- Desire to re-connect with traditions and build routines and traditions with their own family if they can. Desire for the resources and connections to enable that.
- Some traditions held alongside medical practices, as a spiritual/therapeutic element. Community support is an important aspect of healing.

- Generally, health and wellbeing are the overall state of someone's physical and mental health. It is important to be able to advocate for ourselves, have insurance options, and coverage for the services that we need. These are things that happen in our bodies and, when the body is at the utmost level, you are happy, healthy and you have a calm environment in your body and mind. Doing things like drinking enough water, getting exercise, and things like yoga can help.

- There are some traditions for my health. I take water in the morning, and it helps keep me healthy. I take water in every two hours. That's what I'm doing. Many times, I do yoga, that has also been very helpful.
- I love taking my health well-being serious and I do take mental and social health advice from my doctor
- I've been taking traditional tinctures, I also have high blood pressure medication. I've been using natural remedies to try and help the Western medicine.

- What comes to mind is accessibility of cultural health and wellbeing services, going into a clinic where people look like you, because you know that the experience is going to be different. I know that when I go into a clinic and I have a [white] provider who doesn't reflect my culture, my body goes into like a trauma response. I am in the Twin Cities though, and I feel like we have access to some of those resources.
- At the Indian Healthcare Clinic where I work, we have access to medicines. And why do we use those? It's because we want to purify ourselves before we appear with a Western medical provider. It's [word] and I know another word for that is tobacco, but it's not tobacco. There's also willow bark and sage, if someone has medical issues where

they can't use smoke, we have sage oil and other things we can use. We also use sweetgrass – and why is that important? It's because we do want to go in there in a good way. It's also a cultural ethical consideration because it is necessary for our healing, we're a very spiritual people and we look to those medicines to prepare for our healing. I do work with traditional healers. I was at a DHS conversation not too long ago where we were working on getting more access to those medicines. We talked about what issues are important to our communities, and a lot of what we talked about is the opioid epidemic, but we also looked at what kind of traditional healers can perform what I call maintenance. We focus on our spirituality that way. We want to be able to say that we are good spirits when we leave the clinic. We have a quarterly healing ceremony which because of the amount of people who have been attending we have to hold them in the park.

- I listen to a lot of elderly people who access healthcare at the medical clinic, and they talk about diabetes, and they talk about living independently. Getting care in their homes helps them to manage their diabetes independently. Often times when they leave the home there can be challenges for how they manage their blood sugar while they travel to the clinic. I always wish we had an elder advocate in our clinic who can sit with them and ask if there's anything they need, what is their blood sugar like, do they need anything to drink, do they need water. We are still working on that, and we don't have it yet, but I'd love to have someone who could help with that, reassure them that they will have a good experience there and have their needs met.
- My family takes Traditional medicinal herbs cooked as a soup regularly.
- I just wanted to add cedar is another great one that I really love personally.

May 28, 2024 – Duluth, MN

- Birth of daughter
- Shakopee – 6th day in the area and gave birth at 30 weeks
- Native American women came to talk with me about medical things, didn't see child/daughter for 15 minutes
- My son was in Chicago with his dad
- Strength as a present parent
- Respite care not available and wasn't given
- Cultural
- Kids know how to pray; one does grass dances, but other sibling doesn't want to

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- Sweat lodge very important
- Access to powwows where you move your body is needed – transportation
- 10x or more requests per week at Essentia for traditional healers

June 5, 2024 – Minneapolis, MN

- Identity and culture helped me get out of addiction and find ways to cope
- Known families who haven't had resources for generations – dealt with addiction for generations. People in that situation can't pull themselves up from their bootstraps.

- Grandparent
- Traditionally always someone to help with mental health. Spiritual leaders.
- Healing in different ceremonies/powwows
- Everything we do
- Art is healing too. When my daughter sees American Indian art that's healing too. Art gives a sense of identity/pride/images of my people

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- Walks as a family, smudging together
- Mental and spiritual health, quiet time, sweat lodge, time commitment, could be more options
- Being able to travel to places where people have knowledge or bringing knowledge to city
- Urban vs. rural, bridging the gap
- Smudging frequently, cleansing, 4 medicines; cedar, tobacco, sweetgrass, sage.
- Using existing spaces to create opportunity – this center.

- Prayer. Making a morning offering.
- Being at ceremony/pride
- Being outside
- Food – all life events bring comfort and solace
- Music. Drums, singers.

- Gardening as integral and sustainable
- What is our body not breaking down?
- Cultural traditions
- Ribbon skirts and crafting; brings joy.

- Take meds every day – prayers, places for smudging (smudge room), go to sweat lodge (sweating/sauna) helps with blood pressure, ceremony
- Do you use tobacco, why asking tobacco usage, yes, higher premiums
- Funerals, smoke cigarettes, usage of tobacco, party trip, share tent ceremonies, sweat lodges are good
- Elders and traditional healers, different therapies, licensed Native healers
- Waitlist, not enough traditional healers

- Need for community support and traditional medicines – support to get to ceremonies and traditional plants. Access to sage, berries, and other traditional plants from a community cared for source (not dependent on capitalism to access our own medicines). Working with programs and communities that care/teach medicines
- Where are we sending funding?

- Cultural practices are preventative care practices!
- Prayer. Community support. Traditional practices and techniques. Preventative care.
- Engagement with resources/practices only available to paying people! Finding roots and fighting systemic violence through all of the above.
- Curbing reliance on practices outside of culture.

June 11, 2024 – Bemidji, MN

- Ceremonies. Sweat lodge, cleansing, having a spiritual leader in the community you can go to, medicines, naming ceremony.
- Cedar ceremony. Baby wearing and bonding.
- For myself, home birth midwives are not covered but in the future, I hope they'd be. Often medicine man and healers live in the country, so we need transportation to get to them or for them to come to us.

- We only have one place in town that deals with mental health
- Beading classes
- Sweat lodges
- Teaching our young people about our culture, how to do smudging etc.
- Traditional teaching access to the land
- We don't have the land to do it. Access natural resources
- How do we get quiet spaces in nature to practice
- We should remove the cap
- We are figuring out our identity
- Having access to traditional remedies
- We need spaces to reconnect with our culture
- Group engagement is needed
- Vetting of the people providing the services should not be causing harm to our community
- I wish our reservation could open its own treatment center to help people dealing with substance use disorder
- Better program for young people in treatment. People who get along with kids, someone who will listen.

- Using traditional medicines (smoke, give thanks, ask for guidance)
- Access to knowledge around traditional medicines and how to use them
- Different ceremonies to maintain health and balance (round dance, ceremonies, boxing, etc.)
- Seasonal traditional family activities
- Medicines
- Revitalize family circles that come together to practice traditions/traditional ways of song and dance
- Boxing

- Physical activities (walking, biking, swimming) with family
    - Oxytocin releases
    - Do with family
- Traditional healers: need to know who they are and how to access them
- Two participants use traditional healers
- Need access to sickness healers, pregnancy/Indigenous birthing
- Traditional practices; carrying clean water, picking berries, planting/harvesting crops
- Need community teaching/education around traditional healers
- Reclamation leading into the teaching and healing practices
- Been brainwashed to be fearful of our own medicines
- Need to provide adequate funding for traditional healers
- Eliminating the requirement of credentials/licensing for traditional healers
- Wanting community education programs around traditional services
- Provide funding to train young people to come into medical practices
- Fund young people to go to camps to learn traditional healing practices
- Nutritional resources that cover costs of healthy food
- Supporting/investing in seasonal activities
- Need greater frequency and availability of traditional healer visits
- Need traditional life teachings for each stage of life – funding to support this!
- Challenge missing traditional life teachings at earlier stages of life and having to catch up
- Support reclaiming Native traditional ways of viewing the world (not the capitalistic Western world views)
- Our traditional world views were taken away from us, we now have to re-learn these views and practices which takes community, time, resources
- Ceremonial practices of burying loved ones
- Stress reduction; grief management
- Grief management is a barrier leading to mental health
- Disconnection of conversations at the state level around health/equity
    - Not always having the right people at the table
    - One and done doesn't work

June 13, 2024 – dIZI #2

- I'm driving to another state right now for ceremony. Although there are closer places to me. My father made the choice to separate us from his Tribe in order to maintain his sobriety. That separation made it so the ceremonies I have been a part of have been through other nations/communities.
- Transportation is a huge barrier to get to ceremony for many people.
- I personally don't like the idea of DHS paying people for ceremony because it supposed to be a pay-what-you-can thing.
- Incentives or grants to help people get to a healer would be preferred. Removing the barriers instead of the state getting in the middle to pay. Another option would be for DHS to provide funding to get more native people to get mental health practitioner training and other education and training so they can really help their community.
- Family gatherings
- Social connections are important.

- Eating together and using natural ingredients is a priority.
- Our culture encourages health with practices like tai chi and herbal tea. I haven't worked with traditional healers but would like to try acupuncture and herbal treatments. I value meditation and traditional ceremonies for wellbeing, and I wish I had more access to these.
- I never had experience with traditional healers as an adult but I'm open to it because I was introduced as a kid and it's a better purifying process to me and a way to get back and connect with my roots.
- Our family's tradition for wellness is deeply rooted in detoxification. We have teas for every mood and believe everything is connected.
- I was raised in a strict household and raised to be mindful of my health and that stayed with me.

- The diabetes program and that runs in my family. I have a few family members on Medicaid. The majority of the time they get everything they need.
- Culturally, they value health more than anything in the community.

- Grandfather was Cherokee, so is some cultural insight. One shared practice is mutual respect for everyone

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- Regular family diners
- Tarot reading
- Prayer
- Meditating
- Traditional healers
- Preparing medicinal herbs

- For me, I connected in our family tradition as an elder, I can remember when I was a little younger, and there were these traditional healers, I had family members who knew about these treatments and I was quite younger, and I think about how I don't have access to them now. It's part of the culture, and I don't mind connecting with them, but right now I don't really have access to them.
- This is a family thing that is very important to us.
- I think about how my mom always encourages us to try to get everybody to eat vegetables, to get jobs, she tries to encourage us to take our [something] seriously, even if we don't really like wild [sometime]. I'm not really sure about access to a traditional healer. We try to get slimmer, so we don't eat as much as we want to.
- I and my family use to engage in exercise

- Sure, so I'm not Native, so I work for the Mille Lacs band of Ojibwe Health and Human Services. And I've been working there for about 8 years. And interestingly enough, currently in our Health and Human Services departments, we are trying to engage some spiritual advisors into our programming and recognizing that our community members when they come in for their health and wellbeing. Whether that be primary care clinic appointments or substance use disorder treatment or whatever they're in family services because they're dealing with child welfare issues. Whatever it is. And having, engaging directly with a spiritual advisor helps. Improve the quality of the care that they're giving.
- Yes, family and cultural traditions play a role in my health. We emphasize cooking fresh, balanced meals and gathering for regular family dinners, which support both nutrition and emotional wellbeing. Our culture encourages practices like yoga and meditation for mental health. I don't currently work with traditional healers, but I'd be interested in exploring options like acupuncture or herbal medicine. I value access to mindfulness practices and community support groups. I'd like more access to holistic health resources and cultural ceremonies that promote overall wellbeing.

Question 3: Do you have any experiences with Medicaid / MN Care? If so, what have those experiences been like? Are there ways that Medicaid / MN Care plays a role in helping or hindering the health and opportunities available to you and your community to thrive? What policies or structural changes should be prioritized to improve the health and opportunity of American Indians in Minnesota healthcare programs (Medicaid/MA and MinnesotaCare)? If you or someone you love needed to enroll in Medicaid / MN Care, would you know what steps to take?

May 14, 2024 – dIZI #1

- Barriers with relatives who identify as Native American on state health insurance with access and funding for residential rehab centers or dual licensed facilities for low-income families. Discussion on feeling judged. Delayed responses and lack of communication on update. Creating a vast and more updated system that is more user friendly. Healthcare too expensive for families to afford who have incomes full time. Shortage of workers to assist the population.

- Medicaid helps the community when it comes to low-income, homeless, and we appreciate Medicaid for the help that it has provided to the community.
- Medicaid has been helpful in the community and people with issues of low-income or that don't have money. A friend of mine had a heart condition and he was able to have his condition managed due to having Medicaid.
- I had never had the need to use Medicaid in my previous job, once I got laid off, I had to get Medicaid. Medicaid is an important program to have around for low-income group. Private insurance is very expensive and health insurance is a basic need. Medicaid is a lifesaver to help in the low-income groups.

- For the MN care question, is my Parents overcoming cultural practices like trying to self-medicate
- For the Medicaid, I like their coordinated care, but they have complex eligibility requirements.

- Medicaid was very helpful during pregnancy; provided coverage and necessary care

- Medicaid has played an important role for students. Expanding Medicaid would be very beneficial to the student community, including indigenous people.

- Yes, I do

- The application process went well, no problems with it. sometimes there were issues with accessing care. a complex health issue was not covered by Medicaid, so it felt useless.
- Medicaid helped with covering costs for family health things, in addition to a primary insurance

- Experience with Medical Assistance was helpful and a nice experience.

- When covid hit, me and my daughter who was just born was on Medicaid for the entire time. I have experience. I also have experience with MN Care with all three of my babies. The state supported me through all three pregnancies. I'm not eligible anymore, it's very funky, my son is private insurance, my daughter qualifies. My niece is on Itasca care. I'm uninsured, which is a surprise to me, so I'm hoping to get on ta program. When the public emergency stopped, I was thrown off and now I'm trying to figure out what comes next.
- my MN care experience is the complex eligibility requirements.
- I thought I would qualify, but I think my income was just above it, so it really threw me off and confused me.
- Yeah, I have the experience of Medicaid. And then, it's been a nice experience and then, you know, I qualified for Medicaid and then I've really enjoyed it.
- I did a TPT PSA for renewing Medicaid, the intersection with me on redetermination of Medicaid, it's been tremendous. I was a tribal liaison with a private health insurer.
- I'll say that I love most of your experiences and it's kind of it's helpful to learn from your experience

- I often MC powwows.

- I have a person who helps me with my Medicare. Her name is N—— and she lives in South Carolina but is able to help me here. But there's kind of a wait time that can be hard, and you have to deal with the wait if you want the service.
- Medicaid was really helpful to me.
- I do work for the medical clinic, and we have patient navigators. Patient navigators will often help patients to apply for Minnesota care. I wish that could be extended to help with Medicaid enrollment. That's kind of an experience. It's a wish of mine, but who knows where that's gonna go in the future. We see a lot of advertisements on TV that changes are coming and do you want to apply for plan c or d and here's a number to call. But I think it needs to be a lot more focused than that, where you can have a navigator to go over the different Minnesota care plans and then go over the cost of care and help you eventually make a decision. It can be so complicated, and it takes so much time, the amount of time you spend on the phone… the decision I made ultimately was just based on wanting it to end and be over. I did get good care eventually through SSI, but it needs to be more focused.

May 28, 2024 – Duluth, MN

- Example of family whose dad had kidney transplant
- If you don't feel safe where you go to have your healthcare, you won't go to have your healthcare

June 5, 2024 – Minneapolis, MN

- I had MA when younger, we went to certain clinics – didn't know.

- Difficult, intimidating, all the application hoops. If you don't know, learning about navigation.
- Have not successfully applied since a kid
- Online application questions, gathering the information
- WI Native community in MN, there are resources
- NACC – smaller community, built here.
- Helps, never had issues with MN Care, coverage is good, copays cheap.
- More funding for these spaces. Gym, wellness, etc.

- No copays were great!
- I didn't like that they kept changing their high-cost drugs that I needed monthly.
- Diabetic supplies and insulin change constantly.
- Kept my kids on. Good for them.
- Medicare. Sixty-five years old and everything went chaotic.

- Support MNSure navigator at NACE [possibly MAIC, the Minneapolis American Indian Center or NACC the Native American Community Clinic in Minneapolis] and other tribal and urban clinics. It's helpful

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- Access to health insurance
- Experiencing challenges in accessing healthcare and mental health

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- Never had, always Hennepin Health, United Healthcare only covers meds, SSI, disability, challenging process to get into Medicaid. NACC will help you too, IHB. Breakdown a lot of red tape, not getting help – help insurance, co-pay (no money), don't get meds.
- Massachusetts state la – on Medicaid – pay nothing for Medicaid. If they can't pay (co-pay), sign waiver, support to lower cost
- State law, no cost to any coverage under Medicaid – discriminate people in this county and outside
- Single payer – collect
- Set up private places for detox with areas to use drugs away from students, kids, families (safe center to use drugs)

- Yes. Renewal process causes gaps that could/should be avoided. Navigation was a LOT. Problems with understanding coverage, dental especially. Reliance – need to acknowledge it as a support system that is not available to all. Incentive to not be able to grow because you risk losing your insurance. Holes that need to be covered.
- Customer care – giving confidence to seek help, care, compassion in the process. Provider knowledge expanding. What does it look like to grow and be willing to learn and be people centered?

June 11, 2024 – Bemidji, MN

- At Red Lake they get put on Prime West, but living on reservation they don't need that, there's an exemption so they can be straight MA. Lapse in coverage can be challenging.

- I had to apply when I was pregnant. It was hard to navigate and explain.
- There were so many benefits, but it was so hard to navigate
- Somme of the elders in our community do not have access to rides. It is very complicated to set up rides. Lots of stipulations to getting a ride.
- Better communication in outlining what it takes to get service.
- If a service like "dentures" is not available on the reservation, we have to pay for it
- Dentistry is very difficult. They would rather pull your tooth than work on it.
- Dental is really hard to access, they would rather take private insurance.
- It's too difficult to receive service.

- What if we had someone to help us with the processes. Especially our elders, they didn't have the internet and forms are confusing.
- You sit on the phone on hold for too long.
- What type of training is DHS staff taking to work with the Native community?

- Want to hear the outcomes of these conversations
- Ensuring the community knows what's being done
- Wanting community awareness around the outcomes of the report; come back to share out with the community

June 13, 2024 – dIZI #2

- I used to be a MNsure Navigator so I'm very familiar.
- Medicaid should open more priorities to telehealth.
- The process was always very complicated (with MA and MCRE). I used to work for DHS and what I heard from AI clients was that they didn't understand how MA interacted with Indian Health Services. People were confused about where they could use MA and didn't understand they had access to insurance even though they were enrolled.
- I have had mixed experience with MA. Benefit from coverage but struggle with administrative delays. Needs more efficient process and better communication. Prioritizing easier access and culturally sensitive care would improve outcomes for American Indians. More straightforward instructions (to enroll) are needed.
- I agree with what she said- benefits are good but delays and confusion are a problem. (Another person also agreed)
- MA needs to provide affordable insurances.
- People don't know difference between straight MA. I believe American Indians can request straight MA.
- Health plans aren't always honest about benefits that are available (like transportation for MA enrollees). We saw that across many plans. Plans are not well-educated in MA benefits. Provide conflicting info to what the state says.
- No obstacles
- No obstacles
- I have experienced language barriers and lack of culturally competent care. Highlighting the need for training and better language services and training for health care providers.
- My only bad experience is bad prices for health care.

- I don't have it, but I usually go to the Native Clinics. I use insurance with the state at NACC.

- Biggest obstacle is cost**.** Health care is expensive. Has experience with Medicaid.
- Want more ways to know how to go about enrollment

- I have used Medicaid and found it helpful for covering essential health services. However, the application process can be confusing and slow. Simplifying enrollment and increasing awareness would improve access and opportunities for American Indians. If needed, I would know the steps to enroll but support would be beneficial.

- Positive in terms of coverage, but difficult due to bureaucracy
- Streamline process and enhance cultural competency
- My experience with MN has been positive and I think they are doing perfectly well
- Services I have been provided were great and also helped me to aim towards a healthy lifestyle and I will say it has been of great help to me, my family, and people in the community
- I am satisfied with Medicaid Services

- Administrative issues, sometimes I don't get attended to in time, just sitting down there and not getting anything for a long time because of administrative issues. Probably the world is going extremely virtual and digital, so I think some sort of [something] system could really go a long way.
- I think my experience has been really good so far.
- I have had a sweet experience so far. I can't complain.

- So, maybe I'll share my personal experience with, Minnesota Medicaid. I'm just to kind of, get the ball rolling. So, for the first 21-22 years of my life, my primary source of health care was the IHS [Indian Health Service] health system…as well as Minnesota medical assistance. It was not until I had delivered my first child that I had ever subscribed to my own health plan or not been the dependent of somebody on Medicaid. So that was kind of a rude awakening for me and my paycheck, I remember. But one of the most meaningful experiences that I have with Medicaid, and even the IHS health system, is that with my first pregnancy, I was deemed a high risk, and my child was diagnosed with a birth defect that required a higher level of care than some place like CAS like I guess…could provide to me or my child, and through the IHS contract program as well as Medicaid, I received a referral, to the U of M in the cities, for all of my maternal fetal care as well as the month long NICU stay that my son had when he was delivered. And if not for Medicaid, and the referral system that was in place, his care would have ultimately ended up costing me close to a half a million dollars. Luckily, he's gonna be turning 9 next month and he is, perfectly healthy and I'm just incredibly grateful for, the support and the systems that were in place when I needed that higher level of care and the people who were involved in facilitating that process.
- Yeah. Medicaid has been absolutely, invaluable to my life and the quality of life that my children have had as well.
- And that is, the[y] dislike the annual renewal and filling out the application. And it's such a struggle to get all of our patients to get them, get them done and get it up to date.
- So, I don't know if there's an answer to that, but it's tough, man.

- Yeah, I've had experiences with Medicaid, sometimes it wasn't so good especially when it came to verifying my insurance
- Medicaid is a favorable insurance for families with average income and their reluctance to be of help sometimes is concerning
- My experience with Medicaid is kinda conflicting to me. I'm a huge fan of the benefits but some of the processes and criteria involved causes a lotta unnecessary delay sometimes
- The paperwork, the endless paperwork. Kind of, segue into that then obstacles, maybe that any, any of you want to share about, your ability to access healthcare, whether it's in your community.
- Yeah, maybe even experiences getting health insurance, whether it's MA or, you know, it's transitioning to or from MA to like an employer sponsored health plan.
- I remember feeling overwhelmed, when I was going through the process, and I was told I had a 30-day deadline to enroll in my employer's health coverage or else.
- And for somebody who, you know, as young as I am, I've had some pretty complex health care. I've had a number of surgeries over my lifetime. Going any period of time. Not knowing if I was gonna be able to pay those bills. Not knowing if I was going to be able to access the specialists that I need particularly in in rural Minnesota. I sometimes joke that I feel like the is kind of the butthole of Minnesota because you have to go 2 hours in any and in any direction whether it's, Fargo more head, Duluth, the cities, even going further sometimes for a lot of people in order to access the specialists or to access larger networks for healthcare. And there's a lot of patients. Who experience particular barriers even with transportation like if we don't have neurologist or psychiatrists here in the Bemidji area, for example, and, we're being, asked to refer patients to Fargo to Duluth to the Twin Cities, people experiencing significant transportation barriers.
- To tell a med, whether or not they have, you know, a computer or a phone capable of doing those types of appointments.
- Medicaid is a favorable insurance for families with average income and their reluctance to be of help sometimes is concerning
- My family is considered lower middle class. Both my husband and I work full time as parents and even though I am not – no longer – eligible for Medicaid based on my income as an adult, I am still particularly grateful for the coverage that I still receive for my children. I love that Medicaid has expanded benefits for my children. I love that Medicaid has expanded benefits for children under the age of 18. And that even for some of these families who are a bit higher income than others in the community that we're still receiving that help and that cost-effective reimbursement. That's an extra $300 back in my pocket every month that I otherwise would not have because I'm still within that. The income guideline for my dependents, so for larger families especially, if you have that primary insurance it takes a little bit of the brunt away from the impact that paying for that health insurance, especially in some of our markets, can otherwise have.
- Central Minnesota, Hinckley, Onamia, McGregor, in Hinckley, we have dead spots for telecommunications, so we have real problems with telehealth appointments. I'm sure there are places that have dead spots, but it really makes it harder.
- In the northern areas, the wifi/broadband is not well developed, you have people living on farmsteads for generations, don't have the access or familiarity to the technology.

- Cell phones are super popular on the reservation Mille Lacs, but it doesn't do any good if you can't connect to cell service.

Question 4: Are there any obstacles you face when seeking healthcare? If so, are there specific resources or forms of support that would help you to overcome those obstacles? Have you or a family member used audio-only (telephone only) telehealth services to access care? If so, what was your experience? What would you like to see Medicaid / MN care prioritize? Are there any supportive resources you wish more people knew about and were able to access? How can MN Medicaid add value to and support what Tribal nations and American Indian communities are already doing to help members realize their full health and potential?

May 14, 2024 – dIZI #1

- Discussion on delayed responses when seeking or reaching out about healthcare. New updated systems and making it user friendly to all education levels.

- Biggest obstacles I'm faced [with] is discrimination and the way doctors explain or miscommunicate and talk to me as a patient**.**
- When it comes to the lack of information in the healthcare system it can be confusing and overwhelming.
- Limited access to appropriate healthcare facilities especially in remote areas don't provide appropriate care.
- Understanding who qualify for Medicaid and understanding who are eligible for Medicare. The process can be cumbersome and time consuming to complete the application form when English isn't your first language.

- Availability of resources would go a long way
- Emergency resources for quick response
- Awareness and accessibility would help.

- Primary obstacle is finances.
- Shyness in approaching healthcare personnel.

- Not having the treatment, I need to be covered by my insurance.
- Where to find a doctor to go to, and making a commitment, navigating the h[ealth]c[care] system
- Using tele-health that was very helpful, able to attend with other family members
- Physical distance from healthcare; commuting to doctor, transportation
- No internet access issues can also be a barrier

- Expensive for healthcare, no subsidy available

- Dental care: no way to find any appointments in the Twin Cities to get dental care
- Working at a free clinic in the Phillips Neighborhood, difficult to find places to refer patients to who are seeking dental care
- Experience with Medicaid is cultural competencies issue and there is limited providers' network.
- Trying to figure out what is actually covered by insurance and what is not covered by insurance
- Obstacle I face is shyness to approach the health care personnel
- Fear of the unknown and not wanting to find out you have a health problem; lot of Native American families have historical health disparities in the family history (i.e. high blood pressure, diabetes)
- Lot of people like UCare because you get a free gym membership; if more MCOs had health care benefits like free gym memberships, that would help a lot of families get exercise and access health care.

- Cost of healthcare alone is a lot, and I don't have a car so time and cost of transportation. Having somebody who is culturally competent or looks like me is rare to find.
- Cost of healthcare is relatively high - reduction in the cost of healthcare would go a long way

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- Issues with accessing medication, the medication wasn't covered, and they had to pay out of pocket. Was helped to find a way to reduce cost, but it was not convenient or useful.
- Choosing a plan was difficult because it was unclear what the differences were, and being assigned one meant the pediatrician their kid went to fell out of network and was turned away. The process for correcting that took too much time, so had to pay out of pocket.
- Telehealth is convenient, saves time for routine appointments such as for medication prescriptions.

- People shared that their "health is their wealth" and another person shared that they make food that is good for their immune system. Another person shared that their family has a twice-monthly yoga session that they value.
- A major obstacle one person shared was that telehealth did not provide an emotional connection and by that, they meant the provider was not able to understand how they felt.

- This person feels like telehealth could be useful for consultation but not urgent. Telehealth may not be able to validate your feelings, or you may not be able to understand your concerns and it can be difficult to diagnose someone.
- Another person and other people echoed that the delayed response in healthcare is a major obstacle. Another person further said that a long waitlist if it is very difficult to make an appointment with a healthcare provider, a long wait time might inhibit the person from going back to the service they need. The delayed response in healthcare was emphasized by another person as well. Somewhat related to this a person wrote that inefficient workers were another obstacle in accessing health care.

- Shyness is an obstacle. Not everyone has the courage to advocate for themselves. To some extent, finances are an obstacle. There needs to be more awareness programs, more flyers, more information.

- They often don't talk about my stress, the things affecting me every day. But my doctors often just tell me I'm fat. I'm a caregiver for my husband, it's hard to find the support.

- I think this is really an important question also. I had mentioned some of those disparities when I spoke the last time, but to have some other kinds of considerations, esp. for elders who might say that my eyesight isn't that good, I can't read what's on this form here, or I don't know how to use the technology here, or even the font is hard to read or too small – these can seem like small things, but they are important to elders who can't see very well. There are a lot of people I know who are elders who talk about these issues with technology and not being able to access telehealth for example, for those reasons. Or they might have seen on tv about this phone that reads out whatever the person you are talking to said, I don't know what the service is called but it's supposed to be for people who are hearing impaired or sight-impaired – I wish that they could have access to those resources. It would be great to make these resources available with some training for how to use them. Often, I think there can be some shame about saying that they can't hear you, so they will nod along even though in reality they can't hear, which leads the provider to think that they can hear them. I think there can also be some anger when they feel like they are having issues that aren't being heard or taken seriously. I have a friend who is an attorney and a doctor also – which is a strange mix – but he worked at one of the reservations up there, and he started losing his eyesight, and called me up one day and said what's going on down at the clinic there, they sent me a report on my metabolics and I can't read it, so I said I will go down there and read it to you.
- I think for me, I can kind of speak for my dad who is going to be 88 this summer. He's kind of hard hearing and so I'm seeing for the first time the lack of patience people have with explaining what's going on and what he needs to do, and so as his caretaker, I have to really make sure that I understand really well so I can explain it to him later. I saw one provider do something that worked really well, she took the time to ask him after

each step what he heard to make sure he really understood, and that was really effective. So, I'd like to see more people do that.
- I'd like to bring up something that relates to this and the question before – the experience of being an adoptee. Forms to this day don't leave a place to indicate that you are adopted and that can be really frustrating. And the blatant racism.
- I've used telehealth services before, it's a very good service but I prefer the physical visits. I think it is more effective than the telehealth services.
- I agree. I prefer in-person too.

May 28, 2024 – Duluth, MN

- Medical needs respectful to care?
- No, was cut off from medical needs for the entire family. Currently I— and baby don't have healthcare. We don't know how to go about it.
- Someone is using my social security and causing the issue.
- Caretaker for father
- Health care was accurate?
- They sent letter for more information in healthcare
- I haven't gotten letters, not one for dental
- I just need to go about the social security, and I don't have a social worker. I put an application for bus passes. I don't have a vehicle. Kids are in Duluth school districts.
- How do you feel your healthcare is here?
- It's okay. Fon du Lac can't help here. No one takes MA here. Daughter needs dental surgery, needs braces and it needs monitoring.
- In order to get healthcare, I need to go to the cities.
- Dental provider also told me that I need to go to the cities.
- No one accepts MA here
- Fon Du Lac only helps with enrolled members, blood quantum rule
- Transportation is a big problem
- Housing → all a domino effect
- Social security and resource access and collections took taxes which was going to be used for a vehicle
- My son needs glasses, but medical insurance is a problem

- Private insurance network limits
- Medical providers judging people not taking patients' concerns seriously. Assuming people are seeking pain meds – need true representation at all levels in healthcare.
- Discrimination/racism in healthcare
- Example of patient at Essentia speaking in Ojibwe and nurse saying, "Didn't the boarding schools take care of that?"

June 5, 2024 – Minneapolis, MN

- I live in Grand Portage – very rural. Feels like not high-caliber health care providers. Family friend needs help but no hospice in entire county. Wonder what will happen when husband is dying?
- Dental is a concern. People will drive to another town to see a dentist.

- Accessibility
- Knowing you are worth having health insurance
- Access to therapy, past the stigma
- Intimidating. I deserve good health. Common thing that younger generation has internalized.
- Mental health – understanding mental health
- Becoming more aware of the generational trauma, what families have been through.
- Systems that impact their people.
- Acknowledgment of the obstacles, history
- There is a distrust with women. Looking for female practitioners.

- Constant reminders for things you need to follow up
- Prefer reminders from healthcare provider and maybe not your insurance provider
- Infographics – MNSure and Medicaid could do better here
- Access traditional medicines and foods
- Land – place and space to grow foods and medicines, foraging
- Water, access to clean water

- Finding quality mental health care
- Wants to go where he wants to go and worried about the bill and no insurance. Son is already on bills. People cannot afford to twice and has no food
- Disconnection to food and to people and to health
- How about a program that is including food and healthy food? "Garden is women's sweat" Having hands in soils.
- Restrictions and make too much to qualify for MNSure

- Phone, do not have a phone, cover a phone, have no phone, landline or cell phone, can't have both, lose cell phone then no more phones
- Telehealth is good, Zoom to increase work
- Waitlist, need a 24/7 phone call for service
- Access to internet to get help. Waitlist on telehealth too long, setting up appointment is big barrier, need on call.
- More internet providers, not just Xfinity only at Red Lake building, need more internet service providers.
- Contact is limited too, technology didn't help
- Communities that are walkable – close to the area, rural areas (accessibility)

- Participants consider themselves very fortunate and adds that as an anecdote.
- Renewal process is a huge obstacle. Language and conversations that are not explained/reasonable. Engagement that provokes arguments based in frustration.
- Transport – physically, emotionally (tensions and emotions that are caused by trying to use your healthcare).

June 11, 2024 – Bemidji, MN

- Financial barriers, transportation, limit hours, I've used phone only appointments and it was okay. I used them but didn't have my chart on file, so they didn't know my personal background.
- Drive long distances to go to IHS but now I go to Sandford.
- Mental health coverage/access for invisible diagnosis, midwife coverage, having a local mental health provider that I could see that takes my insurance because I have to do all telehealth for mental health appointments.

- There should be better protection for elder. Sometimes guardians are needed.
- We had a mentorship program for our youth, but the program ended.
- It's hard to find someone to do a Rule 25. It takes so long people end up going back out for lack of support.
- There is no support entailed to help people get the treatment they need
- There should be a 24-hour treatment center here in Bemidji
- We need to have these sessions more often
- DHS is perpetuating the disparities we see
- DHS needs to change the policies that are in place
- If we could get our leaders who run the reservation to have an open meeting to discuss these things.
- If we could have a bigger meeting maybe that might make a difference
- Many people will neglect their health because of the barriers that prevent them
- I just feel like when you go to IHS to get help, they are not giving us quality care
- We need transparency to what is happening in Medicaid.

- Rural transportation; access to transportation
- Having to drive 70 miles to deliver your baby
- Seasonal family traditional activities

June 13, 2024 – dIZI #2

- MA should open more options for telehealth.

- No, I have access.

- System was quite easy to navigate.
- My experience has been good. Pretty easy, in person.
- No obstacles when seeking care. Having people we can approach, someone that can just put us through to where we need to go.
- My experience with audio-only telehealth services has been positive for routine check-ins, but I believe in-person visits are essential for more comprehensive care and examinations.
- My experience with MN has been positive and I think they are doing perfectly well. My sister really loves their service
- Transportation is a challenge when seeking healthcare. Access to affordable transportation services or telehealth options would help overcome this obstacle. I haven't used audio-only telehealth services, but I see its potential for remote areas. Prioritizing telehealth accessibility and culturally competent care through Medicaid would greatly benefit our community.

- Language barriers- having an interpreter available
- Multilingual resources
- Audio-only telehealth services
- Prioritize language accessibility and telehealth options for all
- Cost/affordability
- Racial discrimination and low accessibility
- Time is a challenge- busy schedules
- Availability of resources and finance to get the resources

- I usually on a scale of 1 to 10 [unintelligible] so I usually just say it's good, having my family members call me is good.
- Long wait times, fear and anxiety about diagnosis.
- I would say personally I haven't really experienced any, in my case the diagnosis process was amazing. But there's this administrative delay, and not for me but for some of my family members there's [something] controlled by us, which I haven't experienced personally, but I think of the administrative delay.
- I will also say that I felt very taken care of as a pregnant woman, keeping my baby on it. I wasn't in a very solid financial position, in a state of transition, and I just give thanks for being on it as a pregnant person, because I walked out of the hospital without a huge bill, which is a big deal in the U.S. You can document that in the notes, I'm grateful for that.

- One of the obstacles I encountered you couldn't get equitable access to services. I feel there's a way to be introduced or enlightened on what resources where we need to

search. The healthcare as a whole should be upgraded to in terms of availability. Outreach is so important.

- What is the best way for you to be reached?
- Flyers should consist of the best resources.
- Where you can access resources where you can find the best hospitals, you know. That goes a long way.
- What about social media?
- I've always thought it was frustrating that when you go on social media, if you want to know something about like health like for example, I wanted to fill out a survey for my area school district. The school district wanted us to participate in the survey and I'm like where is this survey I can't find it anywhere, but you know if I logged on to my Facebook page and wanted to know gossip or like some dramatic thing that's happening, I would know it in 2 seconds. So, I've always found that frustrating that if data really is super available and you can really make a presence with things on social media but It seems like people are so much more interested in in sharing drama and negative things than they are about sharing things that are beneficial to our health. So, I always found that frustrating.
- The application process is slow and increased awareness would be important
- My role is in quality and compliance and making sure programs are credentialed. I make sure the programs from the providers are credentialed, one thing that is frustrating, we need to register differently because we're a tribal entity, so we have to reach out and ask questions. The help desk doesn't understand tribal healthcare and don't understand how to help us navigate those forums. It's an opportunity to really improve the folks working the help desk had more understanding on how tribal healthcare works and how the tribes connect with State of Minnesota healthcare system.
- I have experience with Medicaid/MN Care, which has provided essential healthcare but can be difficult to navigate. These programs help but sometimes delay access to treatment.
- To improve health for American Indians in Minnesota, we need simpler processes, more funding for culturally competent care, and better access to traditional healing practices.
- If I or a loved one needed to enroll, I would visit the Minnesota Department of Human Services website and seek help from community health workers

Question 5: Do you have any questions for DHS? Is there anything you'd like to know more about? Anything DHS should know?

May 14, 2024 – dIZI #1

- Discussion on dropping barriers when accessing healthcare needs.

- Is employment equal to all the races?
- Will a qualified doctor from a minority community receive the equal opportunities?
- Does Medicaid target any specific group?

- How do you get people to know about Medicaid? What strategies do you use to reach out to people?

- I just want to tell DHS to carry out more awareness programs and more studies like this

May 28, 2024 – Duluth, MN

- DHS should make mental health care more accessible
- Medicaid should cover fresh fruits and veggies
- More transportation coverage
    - Help to fix cars, replace transmissions
- Low interest loans to support needs
    - Fix car
    - Pay rent
- There is no access

June 5, 2024 – Minneapolis, MN

- Why are things so expensive?
    - Drugs, childbirth
- Waterbirths?

- What should I be doing as a kid?
- How do we more easily get health information that is relevant and answerable?

- 9/10 birthing people on MA
    - Where is the data coming from?
    - Is it through work?

- Income changes jeopardize care – how can we curb this? Cushion period?
- Can we create a service of coverage that is aimed at relief? Percentage based.

June 11, 2024 – Bemidji, MN

- Why aren't midwives covered? Home births specifically.

June 13, 2024 – dIZI #2

- DHS should know that there is still a lot of mistrust in DHS – especially in American Indian communities. For hundreds of years that information has been used against us. So, if you are having a hard time getting the info you want from AI communities that's why. Repairing that trust is a MUCH larger project than these small reports like this. Sharing is difficult for us for that reason. If you are hearing silence when you want data that's why.

- I'd like to know more about how DHS plans to improve healthcare accessibility for marginalized communities. Are there specific initiatives in place to address cultural competency in care? What steps are being taken to streamline the Medicaid enrollment process?

- Learn more about social determinants of health within Medicaid programs. How is DHS collaborating with community organizations to provide support beyond medical care? How does DHS plan to enhance healthcare access in rural areas, especially for American Indian communities?

- Part of me feels like there if there was a better process for even automatic enrollments or some sort of streamlined ability to identify people in the community who maybe lack access to healthcare or, you know, have maybe reduced access or, you know, the financial eligibility [it would be a huge improvement].
- In a lot of different I think other areas of our life you know health care being the one that we really need.
- There's a simpler application process and there's so many people who go without health care coverage just because navigating the system, advocating for themselves.
- Those can be real challenges. Whether we have communication, language barriers, you know, our, cultures are not intersecting, I think, sometimes.
- I feel like maybe if there was more of like that, like. Door to door type knocking type effect that sometimes we would get more enrollment numbers because open enrollment I think can be really overwhelming for a lot of people too.

Question 6: Is there anything that we didn't ask that we should have? What isn't here that you would like to see? Are there any questions you have? Please share your question(s), and any answers that your group discusses.

May 14, 2024 – dIZI #1

- No questions asked

- Wellbeing is very important and not just one thing. It means different things for everyone (it's not just health, but also other components.

- Creating more insights and more of this program, it's really educative
- Keep being stronger and getting better

- Participants discussed health and wellbeing in urban communities, emphasizing the importance of addressing the needs of vulnerable populations. Speaker 3 emphasized the need to lift up all members of a community together. Speaker 1 discussed the impact of cultural practices on health and wellbeing, and Speaker 5 shared their personal struggles with feeling disconnected and alone in their urban environment. Later, participants shared their personal experiences with healthcare systems, highlighting challenges faced by marginalized communities, including denial of disability benefits, lack of access to transportation and healthcare services, discrimination, and poor treatment from healthcare providers. Someone emphasized the importance of collective action and advocacy to address these issues and create a more inclusive and supportive society.
- Health and wellbeing in a community setting:
- Participants discuss personal interpretations of "health and wellbeing" in a group chat.
- Speaker 1 shares about their family dynamics
- Speakers discuss health and wellbeing in relation to community resources and access to green spaces.
- Struggles with mental health and access to healthcare:
- Speaker 5: Feeling disconnected from culture and community despite living in urban areas.
- Used Indian Health Services outside of the city when living with the tribe but had to learn about Medicaid on their own and didn't have someone to turn to for help.
- Speaker 5 shares personal struggles with discouragement and frustration due to a lack of fulfillment in their life.
- Speakers share experiences with the healthcare system, and desire for empathetic listening.
- Disability struggles, advocacy, and marginalization:
- Speaker 5 shares personal struggles with disability benefits, custody battle, and medical issues.
- Speaker 5 feels frustrated and defeated by the system, fearing for their life and well-being.
- Speakers share personal experiences and perspectives on marginalization and activism.
- Transportation and healthcare accessibility challenges:
- Speaker 1 shares their experience with Medicaid and transportation challenges, highlighting the need for improved access to care.
- The transportation system currently offered by insurance is not effective as it either picks the patient up hours in advance, right at the time of the appointment or time after causing patients a huge inconvenience or to miss their appointment due to tardiness.

- Speakers discuss the difficulties of navigating the healthcare system, including transportation and insurance issues such as copay and meeting the requirements to Medicaid and MN Care.
- Speaker 5 shares personal experiences of discrimination and lack of accessibility in various settings.
- Healthcare access and trust among marginalized communities is a theme that came up a lot and noting that there is still a lack of trust.
- Speaker 5 shares frustration with lack of empathy towards people with disabilities.
- Speaker 6 discusses invisible disabilities, misgendering, and difficulty accessing healthcare.
- Speaker 3 shares personal experiences with lack of trust in healthcare systems due to upbringing on reservation with limited access to care.
- Speaker 3 still struggles with navigating healthcare systems despite being educated on healthcare and passionate about it.
- Distrust in communities, particularly in healthcare systems, was a major concern. Speaker 3 emphasized the importance of hiring people from marginalized communities to understand their needs. Speaker 2 stressed the need for more respectful and comprehensive care that considers the impact of external factors on a person's health. Speaker 4 proposed cultural training for medical professionals to address biases and misdiagnosis.
- Healthcare access and cultural sensitivity for marginalized communities.
- Speaker 1 discusses high levels of distrust in a community due to past actions.
- Participants discuss healthcare access and advocacy for marginalized communities.
- Speaker 3 describes a traumatic experience of being separated from their family and culture during a medical procedure, feeling unwelcome and unheard.
- Speaker 3 expresses gratitude for culture navigators in healthcare systems in Minnesota, who understand and respect their traditional medicines and practices.
- Improving healthcare for American Indian, including cultural competency and access to care.
- Speaker 2 desires more transportation services and culturally responsive healthcare providers.
- Speaker 2 suggests a directory for culturally competent care providers.
- Speaker 4 expresses frustration with misdiagnosis and biases towards indigenous people, suggesting cultural training for healthcare professionals.
- Action items
- Develop a directory or ratings system indicating healthcare providers' experience and cultural competency working with indigenous communities.
- Consider requiring cultural competency training for Medicaid providers to address biases and misdiagnoses.

- I will advise the organizers that more of this program should be carried out. Like more outreach.
- Lot of MCOs attend Native American events as vendors, it would be great to see DHS at these events tabling.
- Hennepin County has a community-events calendar they can share

- MA-PD program, Native Americans don't have a premium they need to pay but after the pandemic, a lot of people are getting put on spend-downs. Native American people should not have to pay spend downs.

- Some of the sub-questions could have been their own questions, especially the specific ones about community resources and needs

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- We had a very organic conversation that considered all of the questions at once, we did not do them one at a time
- D— said resources and being in community makes health and wellness more possible.
- R— said connection to both our relatives and cultural practices to connect to them no matter where we are at, through ceremony or general companionship, is essential. It is so hard to feel so alone/disconnected in the city.
- E— said comparatively, he's ok but it is hard to know if *this* level of health is fulfilling.
- R— said a lot of folks are living paycheck to paycheck, and we can't afford to be doing anything fulfilling because we are just surviving. Feels so discouraged. So much need.
- M— came in and reminded folks that this is a vulnerable space. Shared she's experiencing health issues to help us get the ball rolling.
- R— shared that she's working on disability and is having trouble because she "looks" able bodied and the systems in place are not actually helping her. She works hard for her clients but doesn't have the spoons to take care of her health. She's battling Medicaid, going to the ER four times, trying to be a role model, would be easier if I just quit… "I feel like I am shortening my life by years… fighting something (the gov't) and for what?"
- M— was reminding us we can make a change in this room. Marnita's Table is a nonprofit, yes, and we're committed to doing this because we are tired of being pushed to the margins.
- D— is currently on Medicaid, in the past has had to choose between paying co-pays and buying groceries. More work needs to be done of course. Transportation systems are not working! Insurance transportation systems are not in working order.
- R— wanted to add about the Metro Mobility system. Partner works in civil rights/disability lawyer. Dumbfounded by the work her partner needs to do so much labor to get to appointments on time and they mess up his wheelchair.
- Lack of accessibility is lack of care. We want to believe the systems are trying their best, but realistically they're ruining our mobility aids/doing a terrible job.
- R— notices people treat her wheelchair-bound partner like shit. She says people need to treat
- We all deal w the feelings of being paid too little, exploited, and they seem to forget how to treat people with dignity and respect
- T— talked about not having health insurance years ago, and having to go back to their IHS on their reservations

- First gen people with health insurance outside of IHS. The deep distrust of health systems, carried over from IHS trauma.
- E— remembers when covid vaccines were rolling out on the reservations, and how the gov't confronted all the distrust. We expect the worst. People should not blindly trust institutions that don't align with a duty of care.
- This group began very quietly so the participants were being switched into our group mid-discussion.
- D— said the dental care system does not accept Medicaid and wishes there was uber for medical services that was reliable. Having more culturally responsive care workers is a need.
- T— wishes there was a list of recommendations for practitioners that have experience working with native people. Has noted racism, where in the ER native people are often asked to tell us "What are you on" – often assumed.
- R— suggests if healthcare workers are CE requirements for cultural competency.

May 28, 2024 – Duluth, MN

- Why is there not more community involvement?
- Why is there not Indigenous people at all levels of DHS and healthcare?
- Why do they want to use us in photos but not actually help?
- More scholarships for Native people to become doctors

June 5, 2024 – Minneapolis, MN

- More specific questions about mental health. What do you need that will help you? Impacting employment.
- Social security/disability benefits.
- Culturally relevant, communication about practitioners, different kinds of therapy.

- Finding more stable federal funding to support more community health programs that address social and cultural and economic barriers to healthy eating, exercise

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- Networking and connecting and staying connected.
- Need more information and discussions.
- Strengthen our relationship
- Where are the decision makers in the space? We need them here.
- Being shared openly, umbrella
- Feedback to community
- Come back and engagement
- Reimbursement of community story
- Had to put a lot of trust in the Table and vulnerability and may cause body responses

- An individual has a lot of courage to share their story
- Involvement of community story

- What is missing? What is your dream for care? No room for imagining the ideal.
- How do you imagine care for yourself, your community?
- More opportunities for a mutual imagining within community practices and initiatives.

June 11, 2024 – Bemidji, MN

- DHS accountability measures for equity

June 13, 2024 – dIZI #2

- DHS could be more transparent with what they are hoping to do with this information.
- You covered everything.
- No questions.
- I feel that DHS should do more to get more public opinions on more subject matters.
- Transparency is key.
- Need more awareness.

DHS Engage! Pathways to Racial Equity in Medicaid
Community Conversation & Dinner
Duluth, MN | 28 May 2024

Circle Share-in Notes

Prompt: *I want you to see me as…*

- Kind
- Charismatic
- A powerful individual
- Healthy
- Creative
- A strong, powerful person
- Your son
- A good mom
- Strong
- Hopeful
- Kind
- Empathetic
- Thoughtful
- Here
- Loved
- A good mother
- An accomplice
- As humble
- Getting old
- An ally
- Caring
- An advocate
- Big bro
- Needed
- A strong, Indigenous woman
- A loving mother
- Respectful
- Grateful
- Creative
- A sided

DHS Engage! Pathways to Racial Equity in Medicaid
Community Conversation & Dinner
Minneapolis, MN | 5 June 2024

Circle Share-in Notes

Prompt: *I want you to see me as…*

- Charming
- Young, hot and sexy
- A helper, a beautiful red lake helper
- Strong
- Healthy
- Authentic
- Advocate
- Advocate
- Anishinaabe and fellow human being
- A peaceful person
- As helping
- Strong
- Resourceful, resilient
- Your superhero mom
- A soccer player
- Skinny
- Empowered
- Ancestral love manifested
- Just sacred
- A good relative
- Creative
- Helper
- In my humanity
- Living traditions
- A partner
- A contributor
- generous
- my grandma
- a human being
- a good listener
- an independent person
- creative

- committed
- Ojibwe teacher
- Your confidant
- A humanitarian
- A visionary changemaker for my people
- A learner
- An inspirer
- Someone with a big heart
- Queen mama
- Enough

DHS Engage! Pathways to Racial Equity in Medicaid
Community Conversation & Dinner
Bemidji, MN | 11 June 2024

Circle Share-in Notes

Prompt: *I want you to see me as…*

- See me as a part of the community
- Charismatic
- Electric
- Bold
- Honorable
- Brad
- A good relative
- Enthusiastic
- A friend
- Resourceful
- A human being
- Beautiful
- A helper
- A good person
- A character
- A grandma