



Is Full Federal Recognition the Answer? Improving Health For The Lumbee Tribe Of North Carolina Through Federal Policy



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BACKGROUND

- In the United States, American Indians have **the worst health outcomes among all races and ethnicities**.¹
 - Diabetes #4 leading cause of death for American Indians.²
- In NC:
 - Second highest** rate of diabetes among any racial/ethnic group in the state.³
 - 1 in 7** American Indians are diagnosed with diabetes.⁴
- To offset these poor health outcomes, the United States government established the Indian Health Service (IHS) (1955).
 - Provides general medical care, referrals, ambulatory care
 - Funds and grants
- Access to these resources requires federal recognition. **There are three different methods of receiving federal recognition:**
 - Bureau of Indian Affairs (BIA), Congress, court order
 - The requirements for federal recognition:
 - Specific, tedious, **every single one must be met.**
 - Indian entity identification, distinct community, political influence, governing document, descent, unique membership, Congressional termination

OBJECTIVES & METHODS

- What does federal recognition do for health?
- What can it do beyond simply giving funds and grants?
- Further guidance is needed for how to improve health outcomes.

To discover more, the following methods were done:

- A case study comparing Lumbee health outcomes to those of the Cherokee.
- Using the 2018 Tribal Health Assessment for Eastern Band of Cherokee Indians and the 2020 Robeson County Community Health Needs Assessment to compare health outcomes of the two tribes.
- Completed six interviews with Lumbee members.
 - Ages 19 - 59, 4 male 2 female.
 - Transcribed and indexed interview responses with Otter.ai

RESEARCH QUESTIONS

- What do health outcomes and health care access currently look like for the Lumbee? What does it look like in comparison to other American Indian tribes?
- Would access to the IHS and other federal resources granted by federal recognition improve health outcomes for the Lumbee?
- What are the Lumbee's expectations from obtaining federal recognition as it pertains to health outcomes and how does that translate to what could happen with current health outcomes?

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KEY FINDINGS

Preventative Screenings Received by Lumbee Tribe

Type of Preventative Screening Received by Lumbee Tribe Members	Percentage of Lumbee Tribe Members That Have Received The Screening
Blood Pressure Check	60.1
Blood Sugar Check	38.4
Physical Exam	37.4
Cholesterol Screening	39.1
Cardiovascular Screening	6.4
No Form of Preventative Screening	9.3

Table 1: Preventative Screenings Received by Lumbee Tribe Members. Information from 2020 Robeson County Community Health Needs Assessment

Questions in Studies Presented to the Cherokee and the Lumbee

Question Presented to Cherokee	Response	Question Presented to Lumbee	Response
Receive Care at Cherokee Indian Hospital.	75%	People in my community lack the funds for affordable healthcare/co-pay/.	35.6%
"In the past 12 months, did you or a family member need medical care but couldn't get it?"	83% no	People in my community lack the funds for health insurance.	17.0%

Table 2: Questions in Studies Presented to the Cherokee and the Lumbee. Information from 2018 Eastern Band of Cherokee Indians Tribal Health Assessment and 2020 Robeson County Community Health Needs Assessment

Findings From Interviews:

Common Themes in interviews:

- Colonization, cultural trauma, lack of trust, fatalistic attitudes, culture & dietary habits, rural geographies, income status, and healthcare accessibility.

How Could Federal Recognition Help Indirectly:

- Increase the use of holistic healing, public transportation, economic development, housing, and cultural revitalization.

How Could Federal Recognition Help Directly:

- Funding opportunities, access to IHS

Limitations: The two health assessments used had different questions & were from different years. Cherokee are a unique case with their own hospital → Hard to generalize.

Areas for Future Work: More tribal case studies and longitudinal public health assessments.

POLICY RECOMMENDATIONS

- Giving federal recognition to the Lumbee and other tribes**
 - Removes gray area of the unknown.
- More public health research!**
 - Comparison of tribes with and without federal recognition.
 - How does federal recognition affect tribes?
 - How is health affected?
- Problem-specific grants and funds**
 - Federal, state, and local level

LITERATURE REVIEW

Why are health outcomes poor among American Indians?

- Social determinants of health affect the ability of American Indians to seek out care and can lead to poor health outcomes.
 - Poverty, rurality, and food deserts
- Culture & trust:** Their specific culture and lack of trust in medical professionals leads to fewer chances of seeking care when needed.
- Historical trauma:** Goes hand-in-hand with culture and trust. Due to historical trauma and being assimilated into Westernized practices, the trust of professionals and the government is lesser.

Federal Recognition:

- 1956: The Lumbee Act⁵ gave the Lumbee tribe federal recognition. However, it barred the potential of having a federal relationship with the government.
- As they continue to fight for full federal recognition, the Lumbee tribe cannot meet all requirements put in place by the BIA.
 - Ex: Support from other tribes is low due to their size.
- Size: In the most recent tribes to get federal recognition, the largest tribe was 6,500 with the smallest being 164.
 - Context → The Lumbee have over 55,000 members!
- Federal recognition helps tribes indirectly.
 - 1984: Poarch Band of Creeks from Alabama⁶ implemented their own drug court. They were able to decrease drug abuse and use within their community with the aid of grants and funds through federal recognition.

Indian Health Service:

- The likelihood of seeking care increases with IHS⁷. The IHS provides screenings and preventative care that can show if further care is needed outside of what the IHS offers.
- THE IHS also serves as a supplement to Medicaid or other form of insurance. Anything the IHS does not provide can be covered through another form of insurance.
- Downsides:** IHS is underfunded and not easily accessible for urban-based American Indians.
- Opting out an option:** The Cherokee were not satisfied with the services from the IHS so they opted out and built their own hospital to serve their members.