Burden of Disease and Health Disparities in Native Communities

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BURDEN OF DISEASE
Native Health Morbidity Disparities

- Alcoholism: 6x
- Tuberculosis: 6x
- Diabetes: 3.5x
- Accidents: 3x
- Poverty: 3x
- Depression: 3x
- Suicide: 2x

Walker, MD et al. (2010)
CAUSES OF HEALTH DISPARITIES

• Limited Access to health care even though AI/AN is the only population in the US that has a right to health care
  • Indian Health Service (IHS) Eligibility
    • Major funder of AI/AN Health Care
  • Health care including mental health are delivered in these systems
  • Direct/Tribal/Urban programs
    • Direct Delivery (638) programs
    • Tribal Health
    • Urban Indian Health
  • Contract Health Services Program
CAUSES OF HEALTH DISPARITIES

• Poor Access to Health Insurance
  • Social and Cultural Factors
  • Procedural Factors
  • Collection Factors
• Insufficient Federal Funding
• Disproportionate Poverty and Poor Education

• Quality of Care Issues
  • Ability to Recruit and Retain Health Providers
  • Accreditation Status
  • Importance of Culturally Competent Health Services
  • Problem of Aging Facilities
OUR ROLE

• Work with organizations and treatment practitioners who provide mental health services to AI/AN individuals, families, and tribal and urban Indian communities to:
  • Deliver effective EBPs to individuals
  • Encourage careers in Mental Health
  • Facilitate integration of western EBP with traditional native practices, often referred to as knowledge-based, experience-based practices
OUR SERVICES
OUR SERVICES

• We base our services on Community-Based-Participatory-Programing/Research (CBPR)
• Needs assessments, environmental scans and gap analyses
• No-cost Training and TA to the mental health professionals
• Learning communities
• Newsletters & Webinars
OUR SERVICES

• Education

• Curriculum development and cultural adaptations
  • Promote the use of clinical supervision opportunities

• Native American Leadership Academy

• Tribal Colleges & Universities Initiative
  • Support the development of coursework in behavioral health

• Collaborate with many different native experts and centers

• Network-wide T/TA to promote the adoption and bi-directional diffusion of culturally informed EBPs

• Assist with integration of Knowledge Based/Experience Based programs with Western-based EBP
CURRENT INITIATIVES

• Native Veterans Project
  • “Healing the Returning Warrior”

• Crisis & Trauma Resiliency Project
  • Collaborative TA pilot sites

• Suicide Task Force development

• Native LGBT/Two Spirit identified family members

• Implementing Cultural Sensitivity Training with non-native staff

• Development of Resource Library
NATIVE VETERANS PROJECT

• “Healing the Returning Warrior”
  • A curriculum developed in collaboration with Native veterans for Native veterans
  • Specific focus includes:
    • Historical Overview of Native Americans in the military
    • Historical Trauma
    • PTSD and Suicide Prevention
    • Approaches to Assessment and Treatment
    • Traditional Beliefs and Healing Practices
    • Native American Teachings and Wisdom
CRISIS AND RESILIENCY PROJECT

• A TA opportunity
  • 6 learning collaborative opportunities
    • Identifying key stakeholders
    • Identifying traumas affecting community
    • Cultural Considerations
    • Community engagement opportunities
    • Utilization of Media
  • 2 face-to-face trainings
SYMPOSIUMS

• 2015: Reclaiming Our Roots: Rising From the Ashes of Historical Trauma
• 2018: Looking to the Future: Building Healthy Native Communities

- Hosted a 2.5 day event in Iowa City
- Advisory Council Meeting
- Symposium with presentations covering multiple topics
  - Recent and emerging research, current issues in BH
  - Group discussion about our vision for the future
THE SIOUXLAND STREET PROJECT

• Our role:
  • To provide training and technical assistance regarding the planning and development of:
    • A detox center
    • A native substance abuse treatment center
    • A halfway house
    • Expert panel on homelessness with close relation to psychiatric disorders

• Why:
  • Homelessness: 1 in 200 AI/AN (Urban Institute, 2017)
  • Addiction: Mortality rate in 2016, 26.3 (Drug) and 46.4 (Alcohol) (CDC 2017)
  • Mental Health issues: over 830,000 AI/AN had diagnosable MI in past year alone (SAMHSA 2014)
SUICIDE TASK FORCE

• The need is evident:
  • Suicide rate for 15-24 year olds AI/AN is 39.7 per 100,000 compared to U.S all-race rate of 9.9 per 100,000 (IHS trends in Indian Health report, 2014)

• We have worked with specific tribes on:
  • How to implement suicide prevention and tx efforts
  • How it relates to poverty and trauma
  • What assessment tools are out there being used in AI/AN communities
  • What tx and prevention methods/research exist within AI/AN communities
  • Major diagnostic categories of MH disorders and cultural considerations
WEBSITES

• SAMHSA’s MHTTC Network website - live February of 2019
• Our MHTTC Website:
  mhttcnetwork.org/native

• Other center websites:
  attcnetwork.org/native
  pttcnetwork.org/native
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Can I answer your question?