



Burden of Disease and Health Disparities in Native Communities

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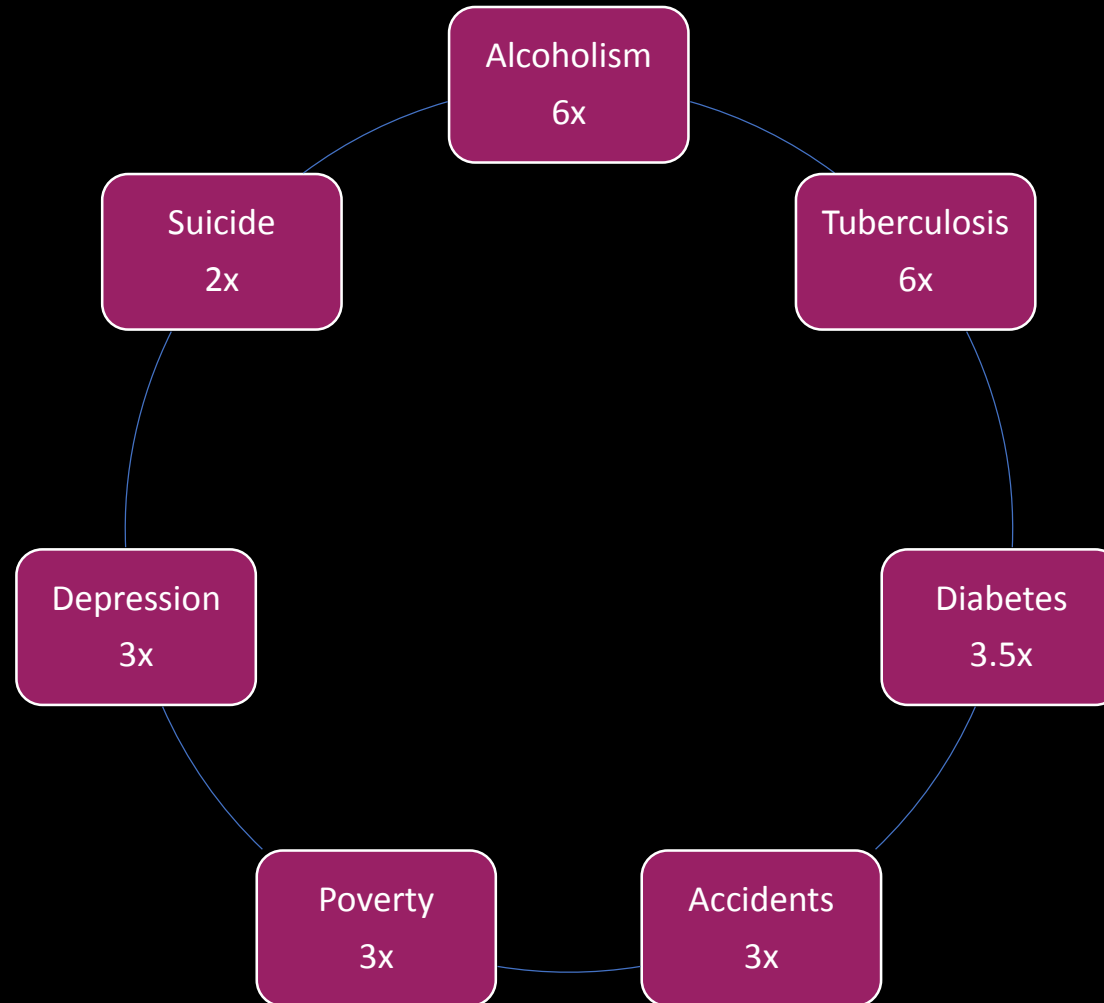


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- **Daniel Foster, Ph.D. Eastern Band of Cherokee Nation/Lakota**

BURDEN OF DISEASE

Native Health Morbidity Disparities



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

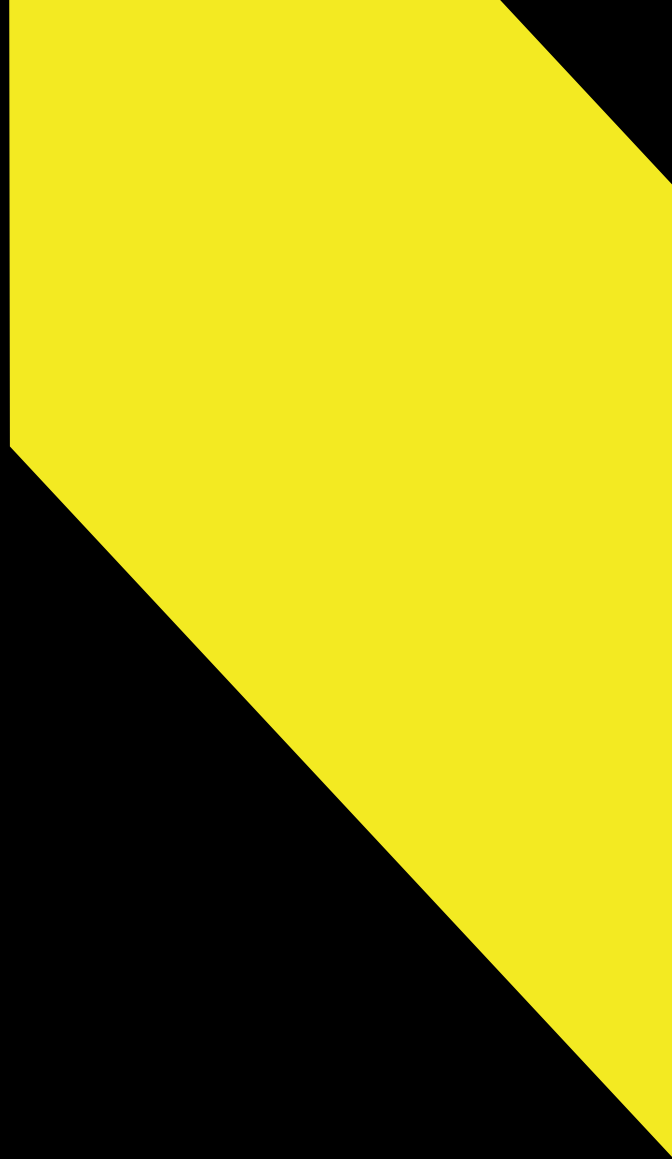


OUR ROLE

- 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 EVENT

A pilot event for veterans, treatment & service providers, and primary care staff

FEB
6, 7, 8

Presentation topics will include:
Historical overview, trauma, PTSD,
divorce, suicide, and cultural
considerations

Focusing on:
The importance of recognizing the
native influence in the armed forces

Featuring:



Sean A. Bear



Ray Daw

Meskwaki Hotel and Casino– Tama, IA

Blockname for rooms: Native Veterans Event

Feb 6 & 7: Presentations

Feb 8: Breakout Sessions & Discussion Groups

For more information, please contact:

Megan Dotson
megan-dotson@uiowa.edu
319-384-1476



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



National American Indian and Alaska Native

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Crisis & Trauma Resiliency Team TA Opportunity

The National American Indian and Alaska Native MHTTC is pleased to announce a collaborative technical assistance project focused on helping communities create their own crisis and trauma resiliency teams. Two pilot sites will be chosen from the applicants to participate in the project.

What we're offering:

• 6+ learning collaborative opportunities (video conferencing sessions) focusing on the following topics:

- Identifying key stakeholders
- Identifying traumas affecting community
- Engaging local schools and districts
- Cultural considerations
- Community engagement opportunities
- Utilization of media

• 2 face-to-face trainings

- early November and follow-up in March

Tentative schedule:

- Initial session in late May
- Follow-up session in early August
- 5 sessions from August through December

Entire process: May 2019 - December 2019 (subject to change)

How to apply:

Application due May 1st, 2019

For more information, including a link to the webinar, "The Path to Crisis Response and Recovery" - Dr. Jacque Gray, which gives an overview of our vision and specifics on the project, as well as the application form, please use the link below:

<https://mhttcnetwork.org/centers/national-american-indian-and-alaska-native-mhttc/application-crisis-trauma-resiliency-team>

Applications should be completed and emailed to:

natasha-peterson@uiowa.edu

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

Proceedings of the Second Annual Symposium

Reclaiming Our Roots:

RISING FROM THE ASHES OF
HISTORICAL TRAUMA



National American Indian and Alaska Native Addiction Technology Transfer Centers | University of Iowa | 140 North Riverside Dr 20410 | Iowa City, IA 52242
Phone: 319-335-9790 Fax: 319-335-6060 Email: naiatn@atcttrock.org Website: atcttrock.org

LOOKING TO THE FUTURE: BUILDING HEALTHY NATIVE COMMUNITIES

How can Native Nations reclaim wellness?

What does 'holistic wellness' mean for Native People?

How can we better integrate behavioral health and physical health?

NOV
14

8:30 am – 4:30 pm

Room C217 in the College of Public Health

9:00 am - Clyde McCoy, Ph.D. 1:30 pm - Melvina McCabe, MD

10:00 am - Jacqueline Gray, Ph.D. 2:30 pm - Ken Winters, Ph.D.

11:00 am - Roger D. Walker, MD 3:30 pm - Ray Daw, MA

12:30 pm - Frank LaMere

You can register for the event, including the online live broadcast, at: <https://naiaatn.iadob.com/naiaatn2018/event/registration.html>



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



CONTACT INFORMATION:

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Can I answer your question?