

Burden of Disease and Health Disparities in Native Communities

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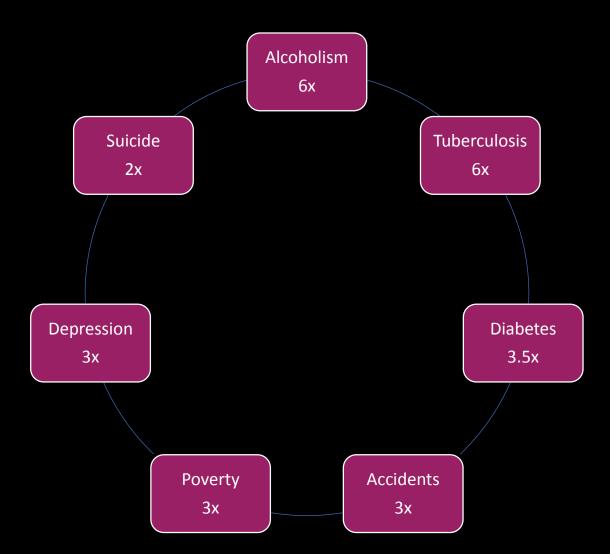
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- Richard Livingston, MD, Cherokee Nation
- Daniel Foster, Ph.D. Eatern Band of Cherokee Nation/Lakota

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 Al/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

Meskwaki Hotel and Casino- Tama, IA

Block name for rooms: Native Veterans Event

Feb 6 & 7: Presentations

Feb 8: Breakout Sessions & Discussion Groups

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 Day

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





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:

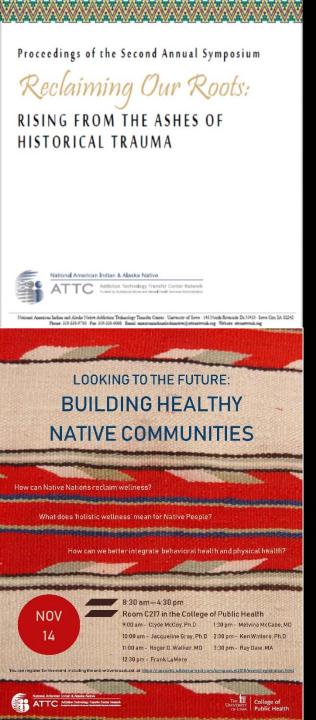
https://mhttcnetwork.org/centers/national-american-indian-and-alaska-native-mhttc/ application-crisis-trauma-resiliency-team

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



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?