HEALTHY TRIBES:
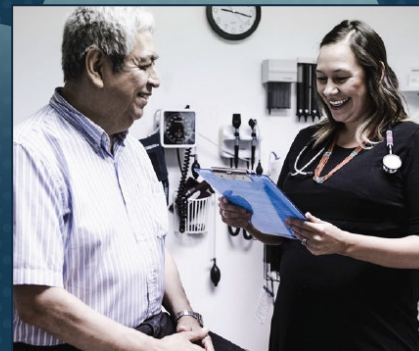# SUPPORTING INNOVATIVE, CULTURALLY - RESPONSIVE PUBLIC HEALTH APPROACHES IN AI/AN COMMUNITIES

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2023 NMAFP SUMMER CONFERENCE
AUGUST 4, 2023

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Division of Population Health

INTRODUCTION

https://southwestdesertlover.wordpress.com/tag/window-rocks-az/

https://hunthausenphoto.wordpress.com

https://charleysnavajorugs.com/assets/images/397-Ganado-Navajo-Rug-001-large.jpg

https://en.wikipedia.org/wiki/Navajo_Nation_Council

http://www.youtube.com/watch?v=ctiEQT8yHlc

PRESENTER DISCLOSURES

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Objectives

- Describe the unique characteristics of working in Public Health in American Indian/Alaska Native (AI/AN) populations

- Demonstrate the link between Social Determinants of Health, Historical Trauma, Intergenerational & Multigenerational Trauma, Stress and Chronic Disease in AI/AN populations

- Highlight how the CDC supports AI/AN communities, specifically through the Healthy Tribes Program

- Introduce potential career, internship and fellowship opportunities with CDC

TRIBAL NATIONS AND THE FEDERAL GOVERNMENT: A GOVERNMENT TO GOVERNMENT RELATIONSHIP

- U.S. recognition of Tribes as **Sovereign Nations**

  - Transfer of land under treaties

  - Institution of Federal programs and services

- Unique US–Tribal relationship

  - **Government-to-government obligation**

  - **Political and legal,** not race-based
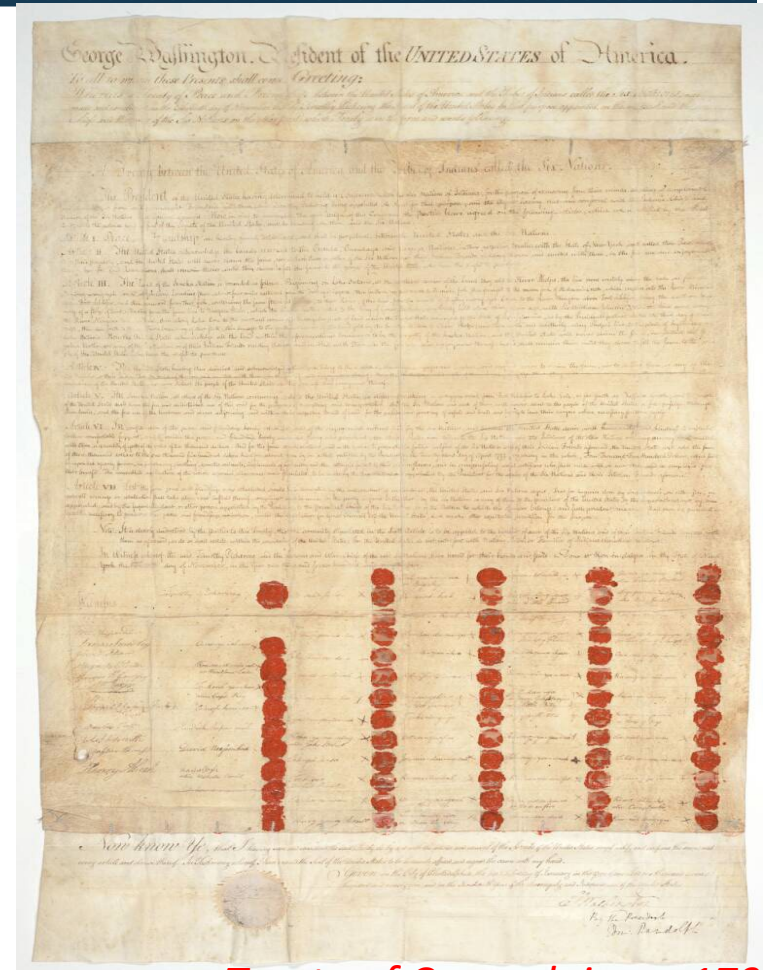
Treaty of Canandaigua, 1794

DIVERSITY, FEDERALLY RECOGNIZED TRIBES, AND TRIBAL SOVEREIGNTY

- **574 Federally Recognized Tribes**
    - **Vastly diverse and unique**
    - **Tribal nations' populations range from small to large**
    - **Distinct languages and cultural practices**

- **Tribal eligibility/enrollment is determined by the Tribes**
    - **Blood quantum, descendance**

- **Tribal Sovereignty**
    - **Various policies and laws to ensure tribal rights and self-governance**

- **Public Health Capacity, Workforce and Infrastructure**
    - **Ranges from minimal to extensive**

FORCED REMOVAL FROM TRADITIONAL LANDS

- *Federal Indian Removal Act of 1830*

- Signed by President Jackson and authorized the president to grant unsettled lands west of Mississippi in exchange for American Indians' lands within existing state borders.

FORCED RELOCATION INTO A RESERVATION SYSTEM

Indian Appropriation Act of 1851

- Set the precedent for modern-day American Indian reservations

- Resulted in over-population of reservation lands which caused food insecurity and other issues (many plants and fish disappeared due to overuse)

- Assimilation/Acculturation

INDIAN LAND FOR SALE

GET A HOME OF YOUR OWN — PERFECT TITLE

EASY PAYMENTS — POSSESSION WITHIN THIRTY DAYS

FINE LANDS IN THE WEST

IRRIGATED IRRIGABLE — GRAZING — AGRICULTURAL DRY FARMING

IN 1910 THE DEPARTMENT OF THE INTERIOR SOLD UNDER SEALED BIDS ALLOTTED INDIAN LAND AS FOLLOWS:

Location.	Acres.	Average Price per Acre.	Location.	Acres.	Average Price per Acre.
Colorado	5,211.21	$7.27	Oklahoma	34,664.00	$19.14
Idaho	17,013.00	24.85	Oregon	1,020.00	15.43
Kansas	1,684.50	33.45	South Dakota	120,445.00	16.53
Montana	11,034.00	9.86	Washington	4,879.00	41.37
Nebraska	5,641.00	36.65	Wisconsin	1,069.00	17.00
North Dakota	22,610.70	9.93	Wyoming	865.00	20.64

FOR THE YEAR 1911 IT IS ESTIMATED THAT **350,000** ACRES WILL BE OFFERED FOR SALE

For information as to the character of the land write for booklet, "INDIAN LANDS FOR SALE," to the Superintendent U. S. Indian School at any one of the following places:

WALTER L. FISHER, Secretary of the Interior.   ROBERT G. VALENTINE, Commissioner of Indian Affairs.

Image from http://www.californiaindianeducation.org/indian_land/for_sale/

HISTORICAL TRAUMA IN AI/ANS IN NEW MEXICO

Fort Sumner

LOSS OF SOCIETAL NORMS

- *The General Allotment Act of 1887*

- AKA The Dawes Act

- Destruction of AI/AN Culture and Society

- Loss 2/3 of tribal land

- Nullified tribal land holdings, assigned each AI/AN 160 acres "in trust" while the rest was sold

- Plots provided were too small to support a family or raise livestock

Image from http://users.humboldt.edu/ogayle/hist110/unit3/indians.html
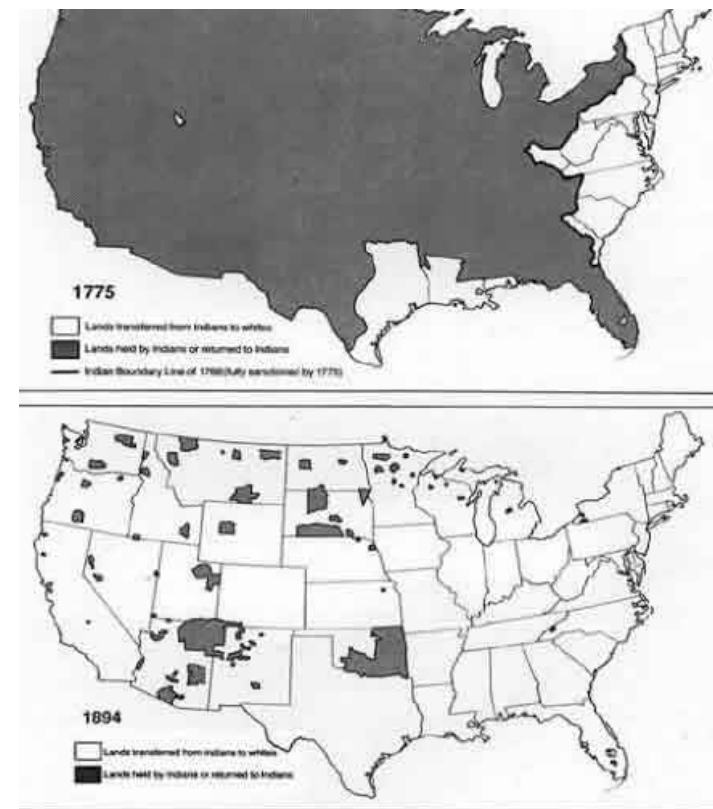
ASSIMILATION TO U.S. STYLE OF GOVERNMENT

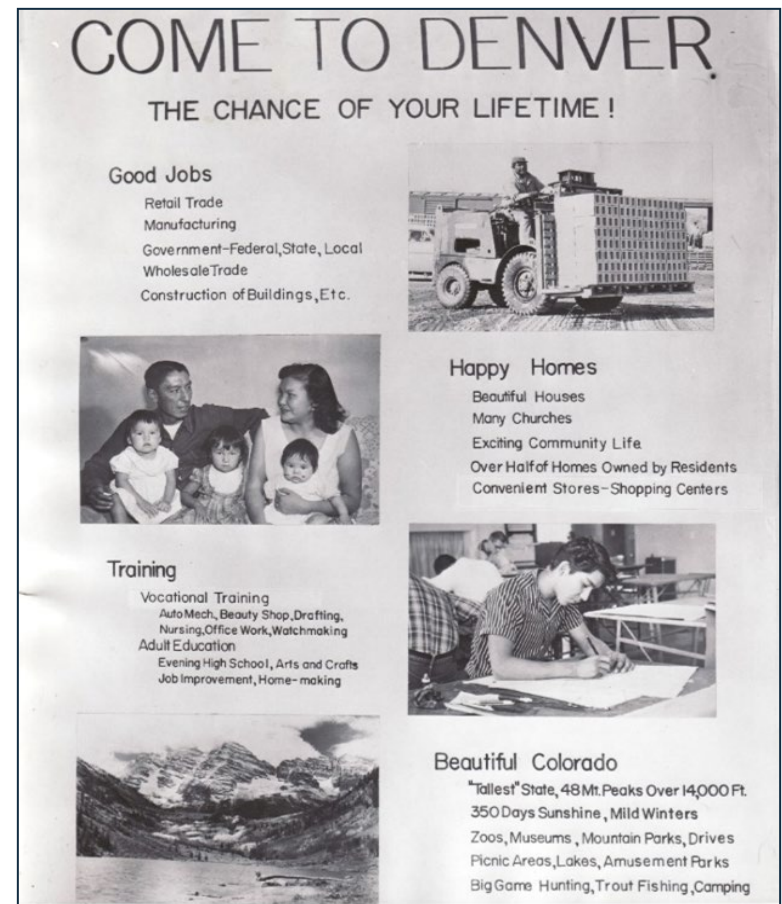*The Indian Reorganization Act of 1934*

- Recognized tribal governments and pushed tribes to adopt constitutions and city council style governments and not traditional styles of government

- No consultation with tribes resulting in the seeds for Indian termination

Image from https://www.nlm.nih.gov/nativevoices/timeline/452.html

INDIAN TERMINATION POLICY

- **1953 Termination Act-Congress** passed a resolution beginning a federal policy of termination

- Disbanded American Indian Tribes and their land was sold

- Series of laws directed at dismantling tribal sovereignty from around 1940 to 1950

- **1956 Relocation Act**

Image from https://www.nlm.nih.gov/nativevoices/timeline/488.html

HISTORICAL TRAUMA IN AI/AN POPULATIONS

Historical Trauma: Ball, 1998; Brave Heart, & Cashin, 2000; Duran & Duran, 1995; 17. Carlisleindian.dickinson.edu Carlisle Indian School Digital resource center

THE LINK BETWEEN HISTORICAL TRAUMA AND HEALTH DISPARITIES

Colonization

Massacres

Disease
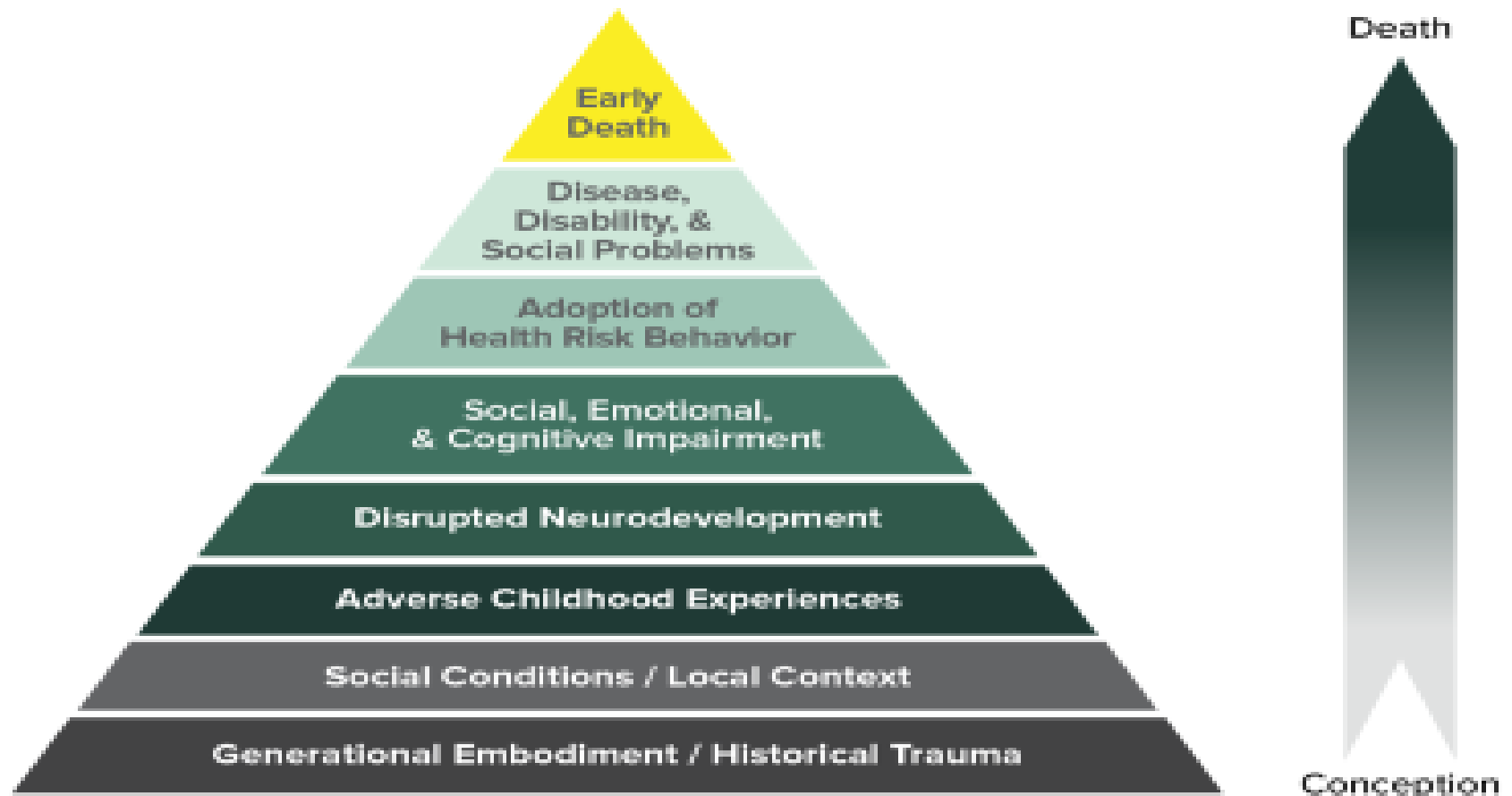
Starvation/poverty

Forced removal from traditional lands

Indian Boarding schools

Cultural Genocide

Undermining of Self Reliance

ADVERSE CHILDHOOD EXPERIENCE (ACE) STUDY

Early Death

Disease, Disability, & Social Problems

Adoption of Health Risk Behavior

Social, Emotional, & Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Social Conditions / Local Context

Generational Embodiment / Historical Trauma

Death

Conception

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

BENEVOLENT CHILDHOOD EXPERIENCES (BCE) SCALE

Growing up, during your first 18 years of life:

- 1. Did you have at least one caregiver with whom you felt safe?

- 2. Did you have at least one good friend?

- 3. Did you have beliefs that gave you comfort?

- 4. Did you like school?

- 5. Did you have at least one teacher who cared about you?

- 6. Did you have good neighbors?

- 7. Was there an adult (not a parent/caregiver or the person from #1) who could provide you with support or advice?

- 8. Did you have opportunities to have a good time?

- 9. Did you like yourself or feel comfortable with yourself?

- 10. Did you have a predictable home routine, like regular meals and bedtime?

The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Mental Illness

Substance Abuse
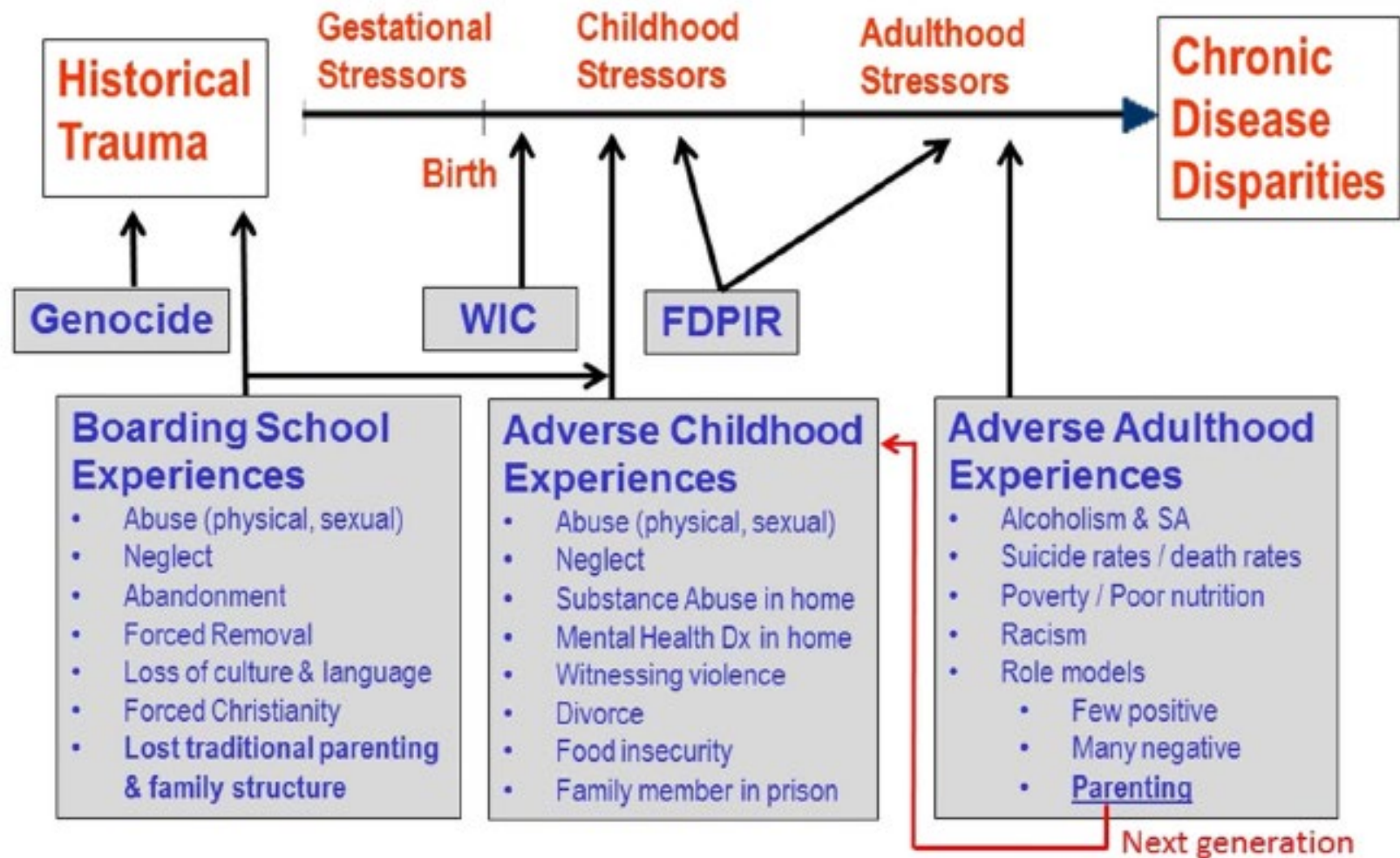
Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing Quality & Affordability

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Ellis W & Dietz W, A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model, *Academic Pediatrics* (2017).

Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives

Warne, D., & Lajimodiere, D. (2015). American Indian health disparities: psychosocial influences. Social and Personality Psychology Compass, 9(10), 567-579.
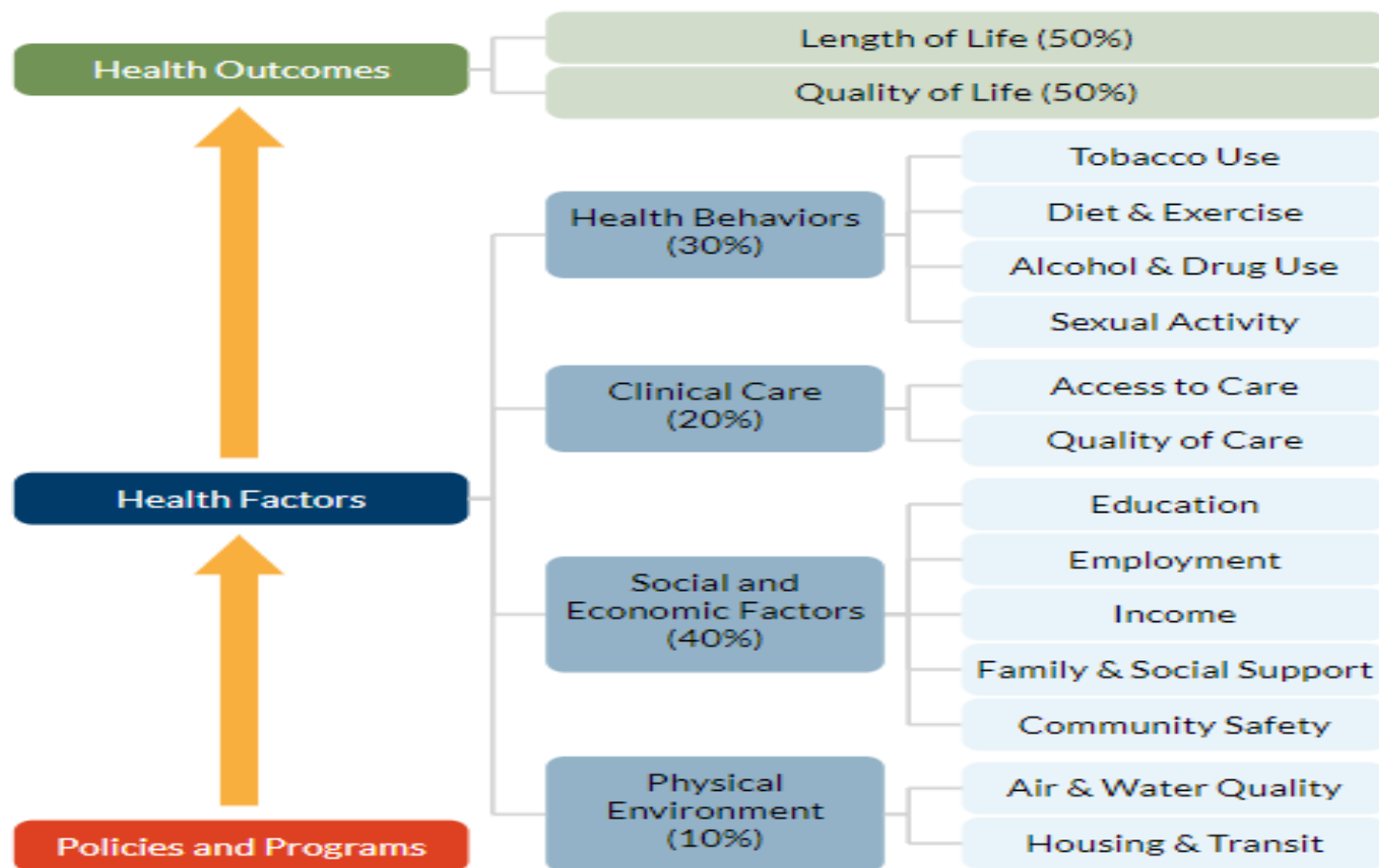
HEALTH DISPARITIES IN AI/AN POPULATIONS

- **Life expectancy at birth is 10.9 years < US all races and dropped to 65.2 in 2021 (1)**
  - **This is the greatest decline among all races from 2020**

- **6 leading causes of death for AI/AN populations (2):**
  - **COVID-19**
  - **Diseases of the Heart**
  - **Malignant neoplasms**
  - **Accidents (unintentional injuries)**
  - **Chronic liver Disease and cirrhosis**
  - **Diabetes mellitus**

- **Violent deaths, unintentional injuries, homicide, and suicide, account for 75 percent of all mortality in the second decade of life for AIANs (3,8)**

- **From 2019-2020, 27% increase in firearm homicides and 41.8% increase in firearm suicides (5)**

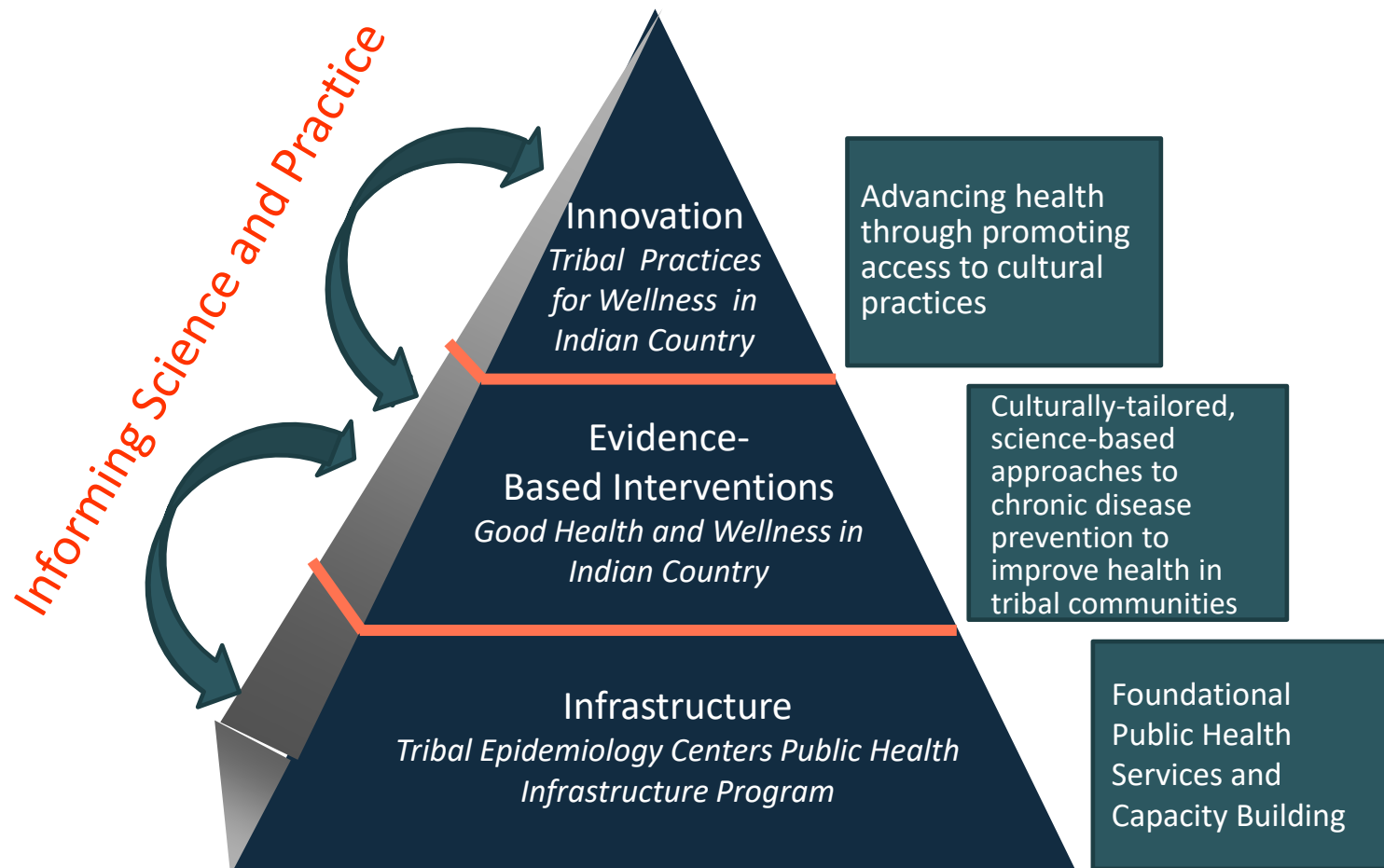- **Highest poverty rate of any ethnic group at 21.4% vs 12.7% All (4)**

MENTAL AND BEHAVIORAL HEALTH - AMERICAN INDIANS/ALASKA NATIVES

- **In 2019, suicide was the 2nd leading cause of death for AI/ANs between the ages of 10 and 34 (8).**

- AI/ANs are **60% more** likely to experience the feeling that everything is an effort, all or most of the time, compared to non-Hispanic Whites (NHW)s (8).

- **The overall death rate from suicide for AI/AN adults is ~20% higher than NHWs (8).**

- In 2019, adolescent AI/AN females, ages 15-19, had a death rate 5X **higher** than NHW females of the same age (8).

- In 2018, AI/AN males, ages 15-24, had a death rate **twice that** of NHW males in the same age group (8).

- **AI/ANs have highest rates of alcohol abstinence (6,7)**

8. Source: Mental and Behavioral Health - American Indians/Alaska Natives - The Office of Minority Health (hhs.gov)

HOW DO WE IMPROVE THE HEALTH STATUS OF AI/AN POPULATIONS?
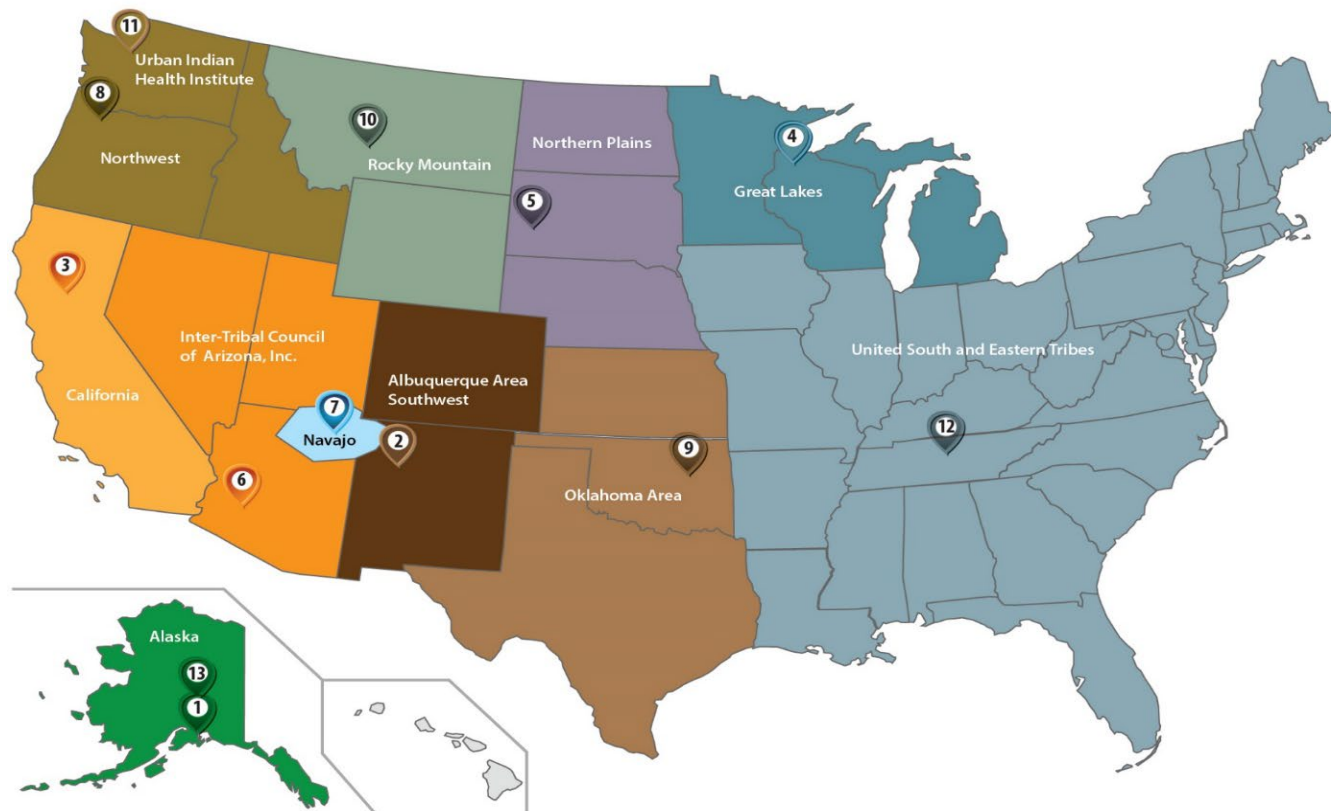

County Health Rankings model © 2014 UWPHI

HEALTHY TRIBES APPROACH

Strength-Based, Community-Led, Culturally-Responsive

Tribal Epidemiology Center Public Health Infrastructure (TECPHI)

10/27/17

TRIBAL EPIDEMIOLOGY CENTER PUBLIC HEALTH INFRASTRUCTURE (TECPHI)

- funds the 12 IHS Tribal Epidemiology Centers (TECs)

- **Purpose**

  - Strengthen TECs' public health capacity to meet national public health accreditation standards and deliver the 10 Essential Public Health Services

  - Strengthen public health capacity of tribes and Urban Indian Organizations the TECs serve

GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY (GHWIC)

Color coded regions represent Indian Health Services areas

Component One tribes and Urban Indian Organizations

Component Two Tribal Organizations that allocate funds to tribal subawardees

Component Three Program Coordinating Center

Tribal Subawardees of Component Two Tribal Organizations

TRIBAL PRACTICES FOR WELLNESS IN INDIAN COUNTRY (TPWIC)

- **Launched June 2022, 5-year program**

- **~$5 million/year to 36 Tribal Nations, Tribal and Urban Indian Health Organizations**

- **Building resilience using a community/cultural component**

Culture and Traditional Lifeways Improve Health and Wellness

Tribal Practices for Wellness in Indian Country (TPWIC) supports tribal teachings and traditions to promote health.

TRIBAL PRACTICES FOR WELLNESS IN INDIAN COUNTRY (TPWIC)

13 Urban Indian Organizations
23 Tribes

NOTHING ABOUT US WITHOUT US IS FOR US

CDC PUBLIC HEALTH PROGRAMS/ PROFESSIONAL OPPORTUNITIES

➢ **CUPS Program**

➢ **PHAP Program**

➢ **Fellowships/Training**

➢ **Pathways Program**

➢ **Professional Opportunities**

CDC UNDERGRADUATE PUBLIC HEALTH SCHOLARS (CUPS)

- Undergraduate students entering their junior or senior year
- Recent baccalaureate degree students
- Hands on, Short-term internship programs
- Various public health settings
  - community organizations, health departments, university-based programs, and federal agencies
- CDC partnership institutions include:
  - Columbia University Medical Center – Summer Public Health Scholars Program (SPHSP) ↗
  - Kennedy Krieger Institute – Maternal Child Health Careers / Research Initiatives for Student Enhancement-Undergraduate Program (MCHC/RISE-UP) ↗
  - Morehouse College – Project IMHOTEP ↗
  - Morehouse College – Public Health Leader Fellowship Program (MC PHLFP) Program ↗
  - University of Michigan School of Public Health – Future Public Health Leaders Program (FPHLP) ↗
  - UCLA – Public Health Scholars Training Program ↗
  - Kennedy Krieger Institute – Dr. James A. Ferguson Emerging Infectious Diseases Fellowship Program (Ferguson Fellows) ↗

CDC PUBLIC HEALTH ASSOCIATE PROGRAM (PHAP)

- Training program for early-career public health professionals who have a recent college degree

- 2 Year program:
  - Associates receive training in core public health concepts and topics
  - Gain hands-on experience in areas such as:
    - Program planning, management, and improvement
    - Public health policy and law
    - Communication

- PHAPs are assigned to public health agencies and nongovernmental organizations in the United States and US territories

PHAP Information: https://www.cdc.gov/phap/about/index.html

CDC FELLOWSHIPS/INTERNSHIPS

- Fellowships and Training Opportunities Home Page | CDC

- Leadership/Management

- Global Health

- Evaluation

- Epidemiology

- Preventive Medicine

- Health Education and Communication

- Bioinformatics

Evaluation Fellowship Program - Program Evaluation – CDC

Job Placements after Fellowship

CDC (Title 5, Title 42, Fellowship)	55%
For-profit (consulting firm, etc)	16%
Non-profit	13%
University Employee	6%
Student at University	4%
Another federal agency	3%
State, tribal, local, or territorial agency	3%
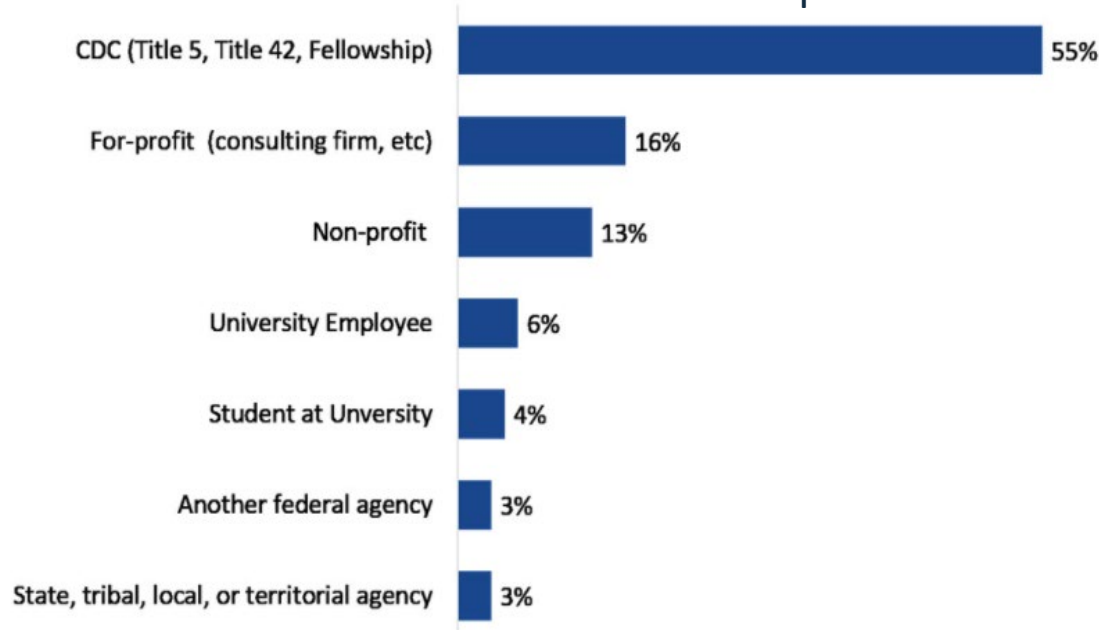
ORISE FULL-TIME FELLOWSHIPS

- [Current CDC Research Opportunities | Research Participation Programs at the CDC (orau.gov)](orau.gov)

- Applications accepted year round

  - Bachelor's Degree

  - Master's Degree

  - Doctoral Degree

  - Medical Students and Residents

- Length varies based on Appointment letter and host organization

- Gain work experience in different Public Health settings

PATHWAYS PROGRAMS

- For students or recent college grads looking for work experience to supplement their education.

- Three main components:

  - **Internship Program** offers internship and summer employment opportunities to students

  - **Recent Graduates Program** recent college graduates can obtain enriching developmental work experience in public health and related occupations

  - **Presidential Management Fellows Program** offers leadership development opportunities to students who are in the process of completing their master's, law, or doctoral-level degree within the academic year.

CDC PROFESSIONAL OPPORTUNITIES

USA JOBS – CDC

- Epidemiologist

- Public Health Advisor

- Health Scientist

- Program Specialist

- Management and Program Analyst

USAJOBS - Search

Examples:

- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

  - Project Officer, TPWIC, Division of Population Health (DPH)

  - Program Coordinator, GHWIC, DPH

  - Public Health Analyst, Healthy Food Environment Team, Division of Nutrition, Physical Activity, and Obesity

  - Cancer Epidemiologist, Division of Cancer Prevention and Control

List of TEC Internships

Alaska Native Tribal Health Consortium (ANTHC)
Alaska Indigenous Research Program

Albuquerque Area Southwest TEC/Albuquerque Area
Indian Health Board
AASTEC Internship

California TEC/California Rural Indian Health Board
Summer Research Assistant Program

Great Lakes Inter-Tribal Epi Center/ Great Lakes
Inter-Tribal Council
Various Intern Opportunities

Great Plains TEC/Great Plains Tribal Leaders Health
Board
GP TEC Internships

Navajo Epi Center/Navajo Dept of Health
Internships: No internships currently available

Northwest TEC/Northwest Portland Area Indian
Health Board
NPAIHB Internship Opportunities

Oklahoma TEC/Southern Plains Tribal Health Board
Tribal Health Experiential Student Internship
Seminar (THESIS)

Urban Indian Health Institute/Seattle Indian Health
Board
UIHI Summer Internship Program

National Indian Health Board
Health Policy Fellowship

National Network for Public Health Institutes
Indigenous Public Health Leaders Program

AHÉHEE' – THANK YOU

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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9. https://www.cdc.gov/chronicdisease/healthequity/social-determinants-of-health-and-chronic-disease.html