VOLUME 7, ISSUE 2

AMERICAN INDIAN Living™

Special Issue

National Indian Health Board

Health articles by
NCAI AND NIHB

Saving Lives Requires Commitment

Letter from the Publisher

In this issue we look at facts about life in Indian Country and what needs we have to save lives and make our communities prosperous. The research in this issue concerns important programs that impact the lives of our youth, our Elders, and our communities. The National Congress of American Indians and the National Indian Health Board have contributed much of this issue to inspire support for these needs.

Each issue is sent with a prayer that the readers will have wisdom as they read to discern the intent, importance and sincerity of each article to save lives, build communities and help people to find greater happiness. An extra portion of prayer goes with this issue. Our health needs are so important, and spiritual needs are vital to real happiness.

Each of us has a role in the building of our Nations. It starts with our own lives. What are you doing to make a difference for yourself, your family, your Nation, and the seventh generation? This issue can help you become a part of a movement for change. For yourself and for our people, get involved in breaking the cycle of poor health that has plagued our Nations for the past 150 years. Start with a relationship with your Creator and through that power, make a difference in another life.

neʔ sgeñ·noñʔ naesaihwiyosdik goñdahgwih

Robert Burnette

Robert Burnette
Onondaga

AMERICAN INDIAN Living™

Volume 7, Issue 2
www.americanindianliving.org

American Indian Living™ magazine is a bi-annual publication whose content is designed to enhance the health and wholeness of the indigenous populations of North America. It is published by the Native Ministries Department of the Oklahoma Conference of Seventh-day Adventists in collaboration with the Assembly of First Nations and the National Congress of American Indians.

American Indian Living™, Volume 7, Issue 2
www.americanindianliving.org

PUBLISHED SEMI-ANNUALLY BY
Oklahoma Native Ministries Department of the
Oklahoma Conference of Seventh-day Adventists
P.O. Box 32098, Oklahoma City, OK 73123
405.721.6110
www.oklahomaadventist.org

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HEALTH ARTICLES BY NCAI AND NIHB

PUBLIC HEALTH

IN INDIAN COUNTRY

While medical facilities and providers often are trained to address the health of individuals, American Indian and Alaska Natives (AI/AN) communities have long approached health and wellness from a public health perspective. Public health efforts are by definition broader than a medical or health approach because they aim to address the health of entire communities or populations. As tribes have increasingly assumed the management of health programs in their communities, and have increased their role in public health efforts, they often work to improve and maintain the health of individuals, families, and their communities with community-led efforts, such as growing traditional foods, encouraging physical activity and wellness, and implementing various practices that help to prevent injuries and diseases. AI/ANs also may have benefited from resources and services in the general U.S. public health system over the years. However, tribes still want to lead public health efforts in their communities and there is a growing need for public health funding, resources, and infrastructure to help tribal communities.

"Public health really works; it's a smart upstream approach," says former National Indian Health Board (NIHB) Chairperson Cathy Abramson (Sault Ste. Marie Tribe of Chippewa Indians). "Instead of waiting until people become ill, and then investing in expensive, sometimes unsuccessful treatments, a public health approach targets actions we can take now to keep healthy."

In tribal communities, public health efforts are often managed by the tribe with a variety of sources of funding. Public health issues are handled by many types of programs in tribal communities, such as the health facility, the tribe's health department, and other entities within the tribal government. Tribal public health systems vary widely in terms of effectiveness and funding. While some tribal communities possess large public health departments, the reality is that many are just not able to support robust public health services with available resources. Tribes or villages are often located hours from population centers, and access to public health services is limited for many AI/ANs. Sadly there are significant health challenges in Indian Country such as high rates of Type 2 diabetes, increasingly high rates of youth suicide, widespread alcoholism and drug abuse on many reservations, and high rates of unintentional injuries. More must be done to support public health efforts in Indian Country, especially since communities that need public health funding the most are often left out of funding decisions because of difficulties qualifying, applying, or competing for federal grants.

Tribal communities must cobble together public health funding from a variety of federal, state, local, and private funding sources. State governments receive base operational and programmatic funding through large flagship or federal "block" grants; tribes are either not eligible to compete for the funding or are woefully underrepresented in the grantee pool. This leads to unpredictability and inconsistency in the funding of tribal public health initiatives.

Greater investment is needed, since funding received by tribal communities often leads to impressive results. For example, a Tribe in Wisconsin received a grant to increase seatbelt and child safety seat use. Through simple interventions including car-seat clinics, media campaigns, and seatbelt checks, the average use of these safety devices greatly improved over the four year project period, with seatbelt use increasing from 50 percent to 69 percent and child safety seat use increasing from 26 percent to 76 percent. These efforts are saving lives and ensuring a healthy future for AI/ANs. Public health efforts like this promote health with research, education and raising awareness, with the goal of reducing health disparities.

Public Health Funding in 2018 and Beyond

While the outlook for federal funding in fiscal year (FY) 2018 is still unclear, there are certainly many cuts being proposed to public health resources by both Congress and the Administration – including funding streams that will directly impact Indian Country. The President's FY 2018 Budget Request proposed to cut the federal government's leading public health agency, the Centers for Disease Control and Prevention (CDC), by 17 percent. While the FY 2018 budget proposed by Congress moves through the budget process, it currently represents far less in cuts to public health services than the President's proposed budget, but many crucial public health funding streams will still likely see decreases in the coming year.

Despite years of underfunding of health and public health services in tribal communities, it is time to recognize that tribal nations are not just a line item in a budget document. They are living, breathing communities that, provided access to the appropriate resources, can continue to grow and thrive. Throughout the FY 2018 Appropriations process, the National Indian Health Board and the National Congress of American Indians, along with the 567 federally recognized tribes they serve, will continue to advocate to Members of Congress for the creation of an AI/AN focused public health block grant so that tribes will not have to rely on funds passed through state governments or to compete for funding with state governments.

Additional Public Health Policy Recommendations

- **Extend Tribal Self-Governance authority to agencies at the US Department of Health and Human Services** beyond the Indian Health Service (IHS). This would allow tribes to manage their own public health programs. Self-Governance represents efficiency, accountability and best practices in managing and operating tribal programs and administering federal funds at the local level.
- **Provide targeted funding for disease surveillance and prevention in Indian Country.** Data on need is the foundation for effective program planning and funding allocation. Both the tribes and the CDC have a vested interest in establishing more effective public health surveillance systems for Indian Country.
- **Support traditional and cultural healing practices** when it comes to public health. Often, federal grants require the use of "evidence-based practices" which have been tested or proven successful in non-tribal communities. Yet, many tribes find that traditional healing, especially when addressing issues like behavioral health and obesity, is effective in their communities. It is critical that both Congress and federal funders recognize the importance of traditional healing and support public health programs that include utilization of traditional healing practices in tribal communities without requirements to research these already community accepted practices. ■

IN THE WINTER you will be *Glad*

BY ELDER ED DUNN, PH.D, MPH

"Prepare yourself and be ready, you and all your companies that are gathered about you; and be a guard for them.
EZEKIEL 38:7

One of our traditional Ojibway foods is wild blueberries. They taste so deliciously wonderful. Every summer in August our family would travel to the nearest blueberry patch and there we would camp and pick. It was a great outing, especially if we camped by a lake where us younger ones could fish when we got tired of picking.

At first I picked blueberries with great vigor, but as time went on, I ran out of steam or interest. That is when distractions appeared, sometimes in form of the competition (black bears), but usually they were harmless. I would rather go and play, fish, or swim, or really do anything but pick! My mother would give us gum to chew while we picked. Somehow, we would last longer picking if we didn't eat the blueberries while we picked, and naturally our baskets would fill up sooner as well. If we ate blueberries while we were chewing gum, the tiny blueberry seeds would get stuck in the gum and that was terrible.

I remember one time when my berry picking zest began to fade, my mother said to me, "In the wintertime you will be glad you worked hard and picked these blueberries. They will taste so good you will not remember your tired muscles and aching back."

That day I learned a very important lesson – be prepared for the future. Our people knew they had to prepare for the long severe winters, so we worked hard during the spring, summer and fall seasons to make sure that we could comfortably survive the winter. I like to think that in the health area as well, we need to think far ahead, and do our best to be prepared for the worst of times.

So, what am I saying here? We should try to do everything within our power to make wise decisions regarding health. These decisions will provide a handsome return on our lifestyle investments of excellent health. Our actions will ensure our investment in our children's future, even to the seventh generation.

Please understand, I'm not trying to blame my own people. Sometimes governments make decisions that are out of our control, but there are decisions that we still can make for ourselves; and that is regarding our personal health lifestyle. Some researchers are even saying that "healthy living is the best revenge." In other words, if we make wise decisions in taking care of our health all along the way, we will be saving ourselves a lot of pain, grief and money later in life. And I'm assuming you are a lot like me: I don't like pain, grief or paying out money for my own mistakes. The "best revenge" study looked at 23,153 participants aged 35 to 65 years. The study showed that if the participants faithfully followed four simple health factors (not smoking; maintaining a healthy weight; performing 30 minutes or more of physical activity per day; and sticking to healthy dietary principles of high intake of fruits, vegetables, and whole-grain bread and low meat consumption), it dramatically decreased their chances of developing type 2 diabetes, heart attacks, stroke, and cancer.[1]

So, following simple healthy lifestyle factors can bring the best return on your investments and can certainly be the best revenge. But, what can I do? Choose some of the following suggestions to prepare for the next severe winter:

1. Take responsibility for your own health – take charge. It's your life.
2. Read and educate yourself about health issues that may be affecting you.
3. Ask the Elders about the traditional ways we did things in the past.
4. Keep a healthy weight.
5. Build healthy, supportive relationships.
6. Stick to a healthy diet (high intake of fruits, vegetables, whole-grain bread, and low meat consumption).
7. Learn to exhibit a forgiving attitude.
8. Enjoy walking with a friend.
9. Bless your family with a picnic by a lake.
10. Don't smoke.
11. Pray to the Creator to guide the path.

In summary, I quote Dr. Kim Williams, president of the American College of Cardiology, who said, "I don't mind dying, I just don't want it to be my fault."[2] ■

1. Ford, E. S., Bergmann, M. M., Kroger, J., Shienkiewitz, A., Weikert, C., Boeing, H. (2009). *Healthy living is the best revenge: findings from the European Prospective Investigation Into Cancer and Nutrition-Potsdam study.* Archives of Internal Medicine, Aug. 2009, 169(15): 1355-1362.

2. Deardorff, J. *Top cardiologist touts vegan diet to patients.* Chicago Tribune, August 16, 2014.

Special Issue

National Indian Health Board

HEALTH ARTICLES BY NCAI AND NIHB

INDIAN HEALTH FUNDING IS

Not Discretionary

Congress is currently working on its budget for federal programs for Fiscal Year (FY) 2018 that would start on October 1, 2017. The Indian Health Service (IHS) is one of those federal programs waiting for Congress to decide on how much funding to approve for its budget. Families in Indian Country rely on the Indian Health Service (IHS) for direct care at clinics and hospitals, as well as referrals to non-IHS providers who contract with IHS. Overall, the IHS provides federal health care services to 2.2 million American Indians and Alaska Natives (AI/AN) in 36 states. The provision of health services to tribes grew out of the unique government-to-government relationship between the federal government and Indian tribes. This relationship is based on Article I, Section 8 of the Constitution, as well as numerous treaties, laws, Supreme Court decisions, and Executive Orders.

For a nation that bases its greatness to a significant degree on its rule of law – and attributes its sustainability as a nation to its adherence to that rule – treaties carry paramount importance. Between 1777 and 1868, the United States consummated nearly 370 treaties with tribal nations. These compacts with the First Americans helped to make possible the America we know today. And the First Americans have paid an incalculable price along the way.

In these solemn agreements, the U.S. government typically made promises it was obligated to fulfill in *perpetuity*. These promises codified the unique political status of tribal nations and established the bedrock principles of the federal government's "trust responsibility" to protect the remaining lands and inherent rights of self-government of tribal nations. They also provided federal assistance for healthcare, education, housing, and economic development to ensure the success of tribal communities.

Funds to the Indian Health Service are prepaid obligations between the United States and tribal nations. However, American Indians and Alaska Natives have long experienced health disparities when compared with other Americans. Shorter life expectancy and the disease burdens carried by American Indians and Alaska Natives exist because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences.

These health disparities impact broad quality of life issues rooted in economic adversity, poor social conditions, and decades of historical trauma. The AI/AN life expectancy is 4.2 years less than the rate for the U.S. all races population. According to IHS data from 2005-2007, AI/AN people die at higher rates than other Americans from alcoholism (552 percent

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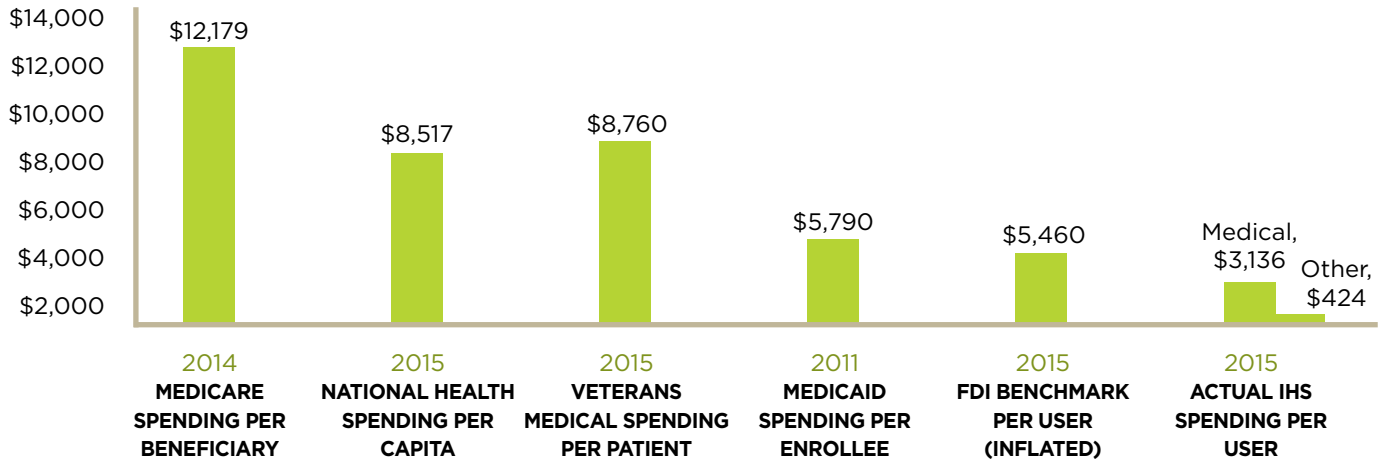
2015 IHS EXPENDITURES AND OTHER FEDERAL HEALTH CARE EXPENDITURES PER CAPITA



Source: The National Tribal Budget Formulation Workgroup's Recommendations on the Indian Health Service Fiscal Year 2018 Budget

higher), diabetes (182 percent higher), unintentional injuries (138 percent higher), homicide (83 percent higher), and suicide (74 percent higher). Additionally, AI/AN people suffer from higher mortality rates from cervical cancer (1.2 times higher); pneumonia/influenza (1.4 times higher); and maternal deaths (1.4 times higher). Clearly, this data calls for a better funded Indian health care delivery system.

In 2015, the IHS per capita expenditures for patient health services were just $3,136, compared to $8,517 per person for health care spending nationally. New health care insurance opportunities and expanded Medicaid in some states may expand health care resources available to AI/AN people. However, these new opportunities are no substitute for the fulfillment of the federal trust responsibility and the full funding of the IHS

By any reasonable measure, the federal government has never adequately funded its treaty obligations, to do right by the First Americans who have given up so much in exchange. While these obligations have been ignored, violated, or forgotten by many since their consummation, none of these treaties with tribal nations have expired -- they remain in effect.

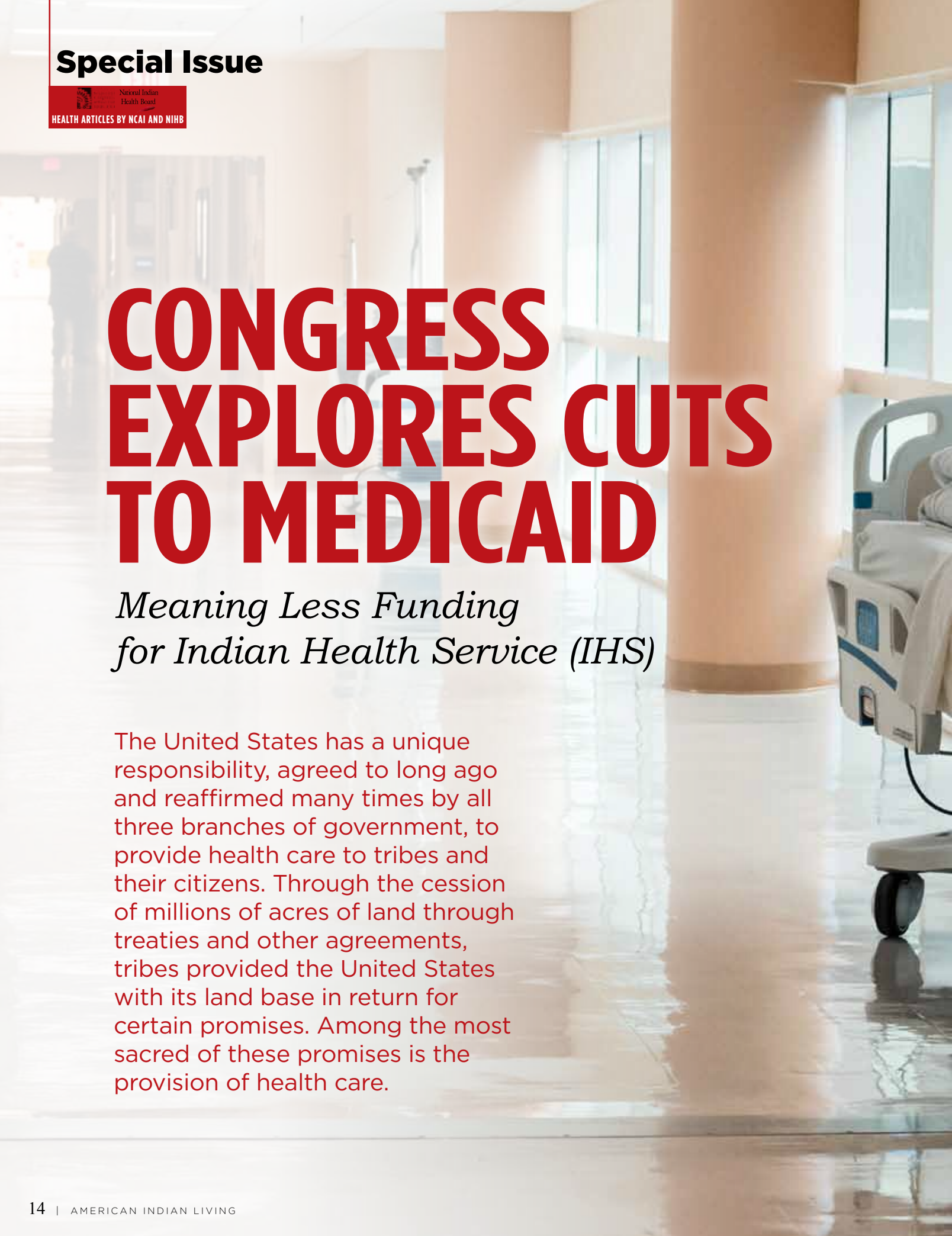
So how can this country begin to right this history of wrongs by honoring its commitments to tribal nations – not to mention its own rule of law? One way is through the federal budget, an instructive barometer for gauging the federal government's fulfillment of its treaty- and trust-bound commitments to tribal governments and communities.

As Congress and the Administration tackle the remaining FY 2018 spending bills, they should affirm one inalienable truth: Indian Health funding is not discretionary. It should not be subject to the political ebbs and flows of the moment. Like the other sacred commitments the U.S. has made, it must fully embrace its obligations to Indian Country. ■

FOR MORE INFORMATION ON THE IHS BUDGET NEEDS, SEE:

1. *The National Tribal Budget Formulation Workgroup's Recommendations on the Indian Health Service Fiscal Year 2018 Budget*

2. *NCAI FY 2018 Indian Country Budget Request: Investing in Indian Country for a Stronger America*



CONGRESS EXPLORES CUTS TO MEDICAID

Meaning Less Funding for Indian Health Service (IHS)

The United States has a unique responsibility, agreed to long ago and reaffirmed many times by all three branches of government, to provide health care to tribes and their citizens. Through the cession of millions of acres of land through treaties and other agreements, tribes provided the United States with its land base in return for certain promises. Among the most sacred of these promises is the provision of health care.

In order to fulfill this responsibility, the federal government in 1955 created the Indian Health Service (IHS), which is unlike any other health care delivery system in the country. This system has grown and changed over the years, and now its hospitals, clinics and health stations are managed by IHS, tribes and urban Indian health programs (also known as the Indian health system) in 35 states mainly on or near Indian reservations. However, the federal government has not done its part to fulfill its responsibility and provide adequate funding for health services to American Indians and Alaska Natives (AI/ANs). Annual funding provided to the IHS has always fallen short. IHS is currently funded at around 60 percent of need[1], and average per capita spending for IHS patients is only $3,688 compared with $9,523 nationally[2].

Another vital federal program – known as Medicaid – provides critically-needed supplemental revenue for the chronically under-funded IHS. The Medicaid program pays for comprehensive health care primarily for low-income individuals. Eligibility varies by state, but many AI/ANs qualify for coverage in this program, in addition to access to care and eligibility through IHS. As a result, those individuals can use their Medicaid coverage at IHS, tribal, or urban Indian health programs that can bill Medicaid for the services provided – just like private insurance. It also means that Medicaid recipients can use health providers outside of the Indian health system without depleting scarce referral dollars at IHS.[3]

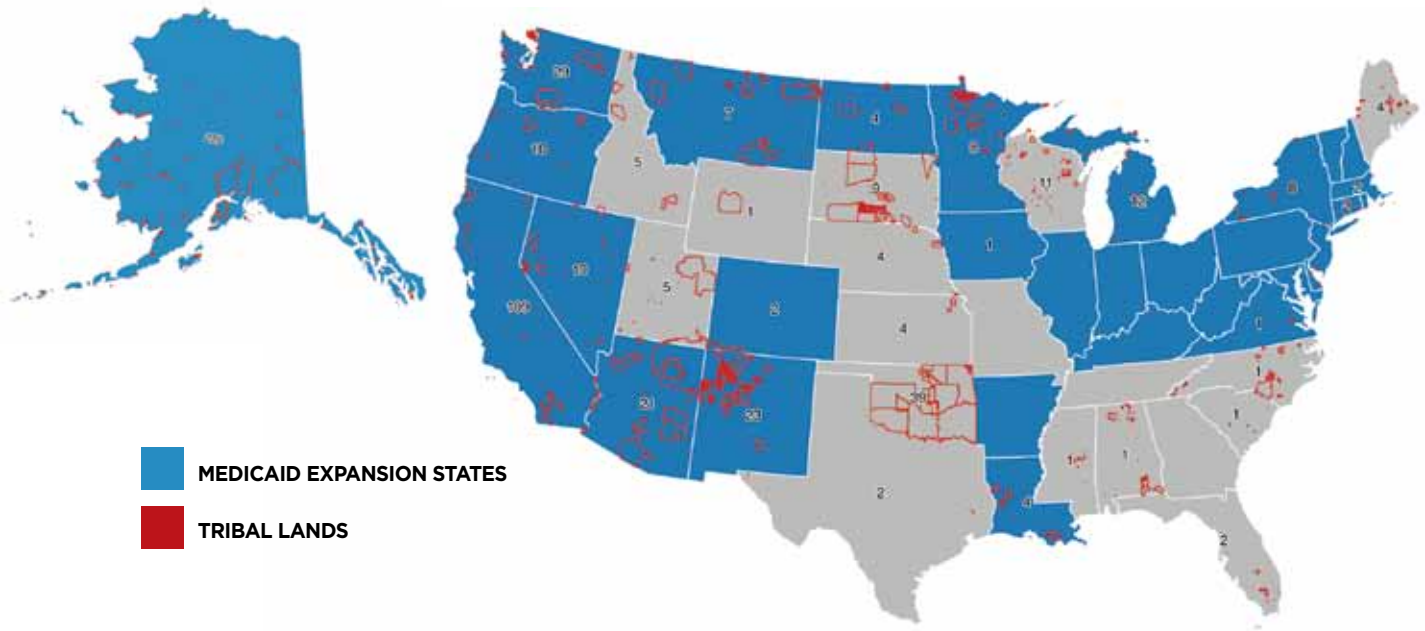
Since almost 40 percent of all IHS users are covered by Medicaid, it is an important source of funding for IHS. According to the agency's Congressional Budget Justification document to Congress, Medicaid funds represent 13 percent of total IHS funding, and provides coverage for 34 percent of non-elderly AI/ANs and over half of AI/AN children.

As important as Medicaid is to the Indian health system, Medicaid reimbursements received through the Indian health system only represent a fraction of one percent of total Medicaid funding. For instance, IHS Medicaid spending in 2015 represented only 0.15 percent of total Medicaid spending.

Medicaid is At Risk

As part of the efforts by Republicans in Congress to "repeal and replace" the Affordable Care Act, legislation was debated in the Senate this summer. The bill, known as the Better Care Reconciliation Act, would have dramatically changed the way Medicaid works. Instead of funding the program based mainly

MEDICAID EXPANSION STATES AND TRIBES



TRIBES IN STATES WITH MEDICAID EXPANSION

STATE	FEDERALLY RECOGNIZED TRIBES	STATE	FEDERALLY RECOGNIZED TRIBES	STATE	FEDERALLY RECOGNIZED TRIBES
AK	229	MA	2	ND	4
AZ	21	MI	12	OR	10
CA	109	MN	8	RI	1
CO	2	MT	7	VA	1
CT	2	NV	19	WA	29
IA	1	NM	23		
LA	4	NY	8		

Total: 492 Federally Recognized Tribes in States with Medicaid Expansion

on need, as is current practice, the federal government would cut states' Medicaid funding. This would have been achieved by either placing limits on spending based on per capita allotments or distributing limited funding in the form of block grants to the states. This type of limited funding would have forced most states to change their Medicaid programs and limit services, which would ultimately mean fewer people who are Medicaid-eligible including AI/ANs. These cuts would have put crisis-level pressure on the already underfunded Indian health system.

The legislation would have also ended "Medicaid Expansion," a key part of the Affordable Care Act passed in 2010 which allows any individuals not already covered by Medicaid to be eligible based if they are at or below 138 percent of the federal poverty line or lower.

The uninsured rate for AI/ANs has fallen nationally from 24.2 percent to 15.7 percent since the enactment of the Affordable Care Act, due in large part to Medicaid Expansion. This has resulted in increased access to health care services to AI/AN people who might not have otherwise received those services.

One Tribe in Nevada reported that the number of people seen in their health facility that were covered by Medicaid increased from 606 patients in 2011 to 2,302 on Medicaid in 2015 out of a total patient population of 4,500. This resulted in an increase in third party revenue from $3.2 million to $11.8 million during that same time period! Health insurance coverage among tribal members increased from 54 percent to 91 percent. The Tribe was then able to use the resulting increased revenue to hire new medical professionals and add the following services: X-Ray services; Chiropractic care; Mammograms; Cardiology; Endocrinology; Podiatry; and Audiology services. **These newly acquired benefits are all at risk if Congress rolls back Medicaid Expansion.**

The new legislation would also have included a provision allowing states to receive extra money for Medicaid services provided to AI/ANs outside of IHS and Tribal facilities, but those programs would not receive any additional funding. This would have meant extra cash for states, while jeopardizing crucial health funding for Tribes.

The bill would have also incentivized states to implement work requirements for individuals to stay covered on the Medicaid program, which is a problem in many tribal communities with high unemployment rates: a policy tantamount to punishing the poor for being poor. If fewer AI/ANs are able to enroll in Medicaid, there will be a dramatic decline in health funding for American Indians and Alaska Natives. In turn, the Tribal and IHS health systems will be further compromised – as will the health of America's Indigenous people.

Fortunately, this legislation failed to pass the U.S. Senate in July. However, Congress remains committed to repealing and replacing the Affordable Care Act. It is critical that Indian Country and its friends remain vigilant and tell Congress what Medicaid cuts would mean for Indian health.

We, at the National Indian Health Board and the National Congress of American Indians, are working to ensure that Medicaid continues to thrive so AI/ANs can access the care they need in the Indian and Tribal health system as well as in the private sector. We have sent letters to Congressional leadership and other key lawmakers outlining these concerns, and have had dozens of meetings with policymakers to encourage protection for AI/ANs eligible and enrolled in Medicaid. ■

PLEASE VISIT

WWW.NIHB.ORG

TO VIEW SAMPLE LETTERS AND TALKING POINTS ABOUT THIS IMPORTANT LEGISLATION.

[1] See Indian Health Service, Frequently Asked Questions, https://www.ihs.gov/forpatients/faq/.

[2] Indian Health Service, IHS 2016 Profile, https://www.ihs.gov/newsroom/factsheets/ihsprofile/.

[3] In FY 2016, IHS denied an estimated $371,521,000 in referral care for an estimated 80,000 services needed by eligible AI/ANs.

Special Issue

National Indian Health Board
HEALTH ARTICLES BY NCAI AND NIHB

NATIONAL CONGRESS OF AMERICAN INDIANS

POLICY RESEARCH CENTER

June 2017

Research Policy Update

Responding to the Opioid Crisis: An Update for Tribal Leaders

Key Points

- The opioid crisis impacts American Indians and Alaska Natives more than other groups
- Tribes need multifaceted, collaborative approaches to address this complex problem

ISSUE – *The opioid crisis severely impacts tribes*

Since 2000, drug overdose death rates increased 137 percent in the U.S., and in 2014, 61 percent involved an opioid (Rudd et al., 2016a). Opioids include prescribed pain medications (e.g. oxycodone, hydrocodone, morphine, methadone, fentanyl), as well as illegal drugs (e.g. heroin, illicitly manufactured fentanyl).

The impact of this crisis on American Indians and Alaska Natives (AI/ANs) is severe. While opioid data are limited for AI/ANs, from 2006 to 2012, 77 percent of AI/AN drug overdose deaths across Idaho, Oregon, and Washington were from prescription opioids (SAMHSA, 2016). In a national study using 2008-2009 data, death rates involving opioid pain relievers were three times higher in AI/ANs and non-Hispanic whites compared to rates in blacks and Hispanic whites (Paulozzi et al., 2011).

Youth and maternal-child impacts among AI/ANs are critical. In the Great Lakes region, data from 10 tribal nations showed that 31 percent of youth reported intentional misuse of prescription medication (SAMHSA, 2016). In 2009-2012, data from the American Drug and Alcohol Survey revealed annual heroin and oxycontin use by American Indian students was two to three time higher than national averages (Stanley et al., 2014). Further, hospital discharge data in Wisconsin reveal AI/AN rates of newborn opioid withdrawal (neonatal abstinence syndrome) to be the highest among other racial and ethnic groups studied (Atwell et al., 2016).

CONTEXT – *Supply, demand, and trauma got us here, but resilience wins*

Over-prescription and misuse add to the crisis. Despite a lack of long-term studies, opioids were liberally prescribed for pain management and marketed as non-addictive in the U.S. for over 20 years (Meldrum, 2016). Now, providers walk a fine line to treat chronic pain and prevent opioid over-prescription and misuse. AI/AN communities are doubly impacted when opioids are overprescribed in place of appropriate healthcare. Access to substance abuse prevention, treatment, and recovery services is also lacking.

Trauma also has a role. Data show higher rates of opioid prescriptions and adverse outcomes for veterans facing trauma and chronic pain (Seal et al., 2012). While tribes often link opioid misuse to historical trauma, they also frame it as feasible to overcome.

> ***"There is common agreement that our community's drug epidemic is rooted in historical and generational trauma. There is also common agreement that, as a tribe, we are strong and resilient and can create support…in order to heal the next generation."*** *– Tribal member (RMTEC, 2016)*

PRC Research Policy Update: Opioid Crisis 1

PRC Research Policy Update: Opioid Crisis

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Article adapted from Research Update: Responding to the Opioid Crisis: An Update for Tribal Leaders, NCAI Policy Research Center, June 2007

The Opioid Crisis in Indian Country

THE OPIOID CRISIS SEVERELY IMPACTS TRIBES

The rate of drug overdose deaths in the U.S. has steadily risen since 2000, and overdose deaths involving opioids have followed a similar course. As a category of drugs, opioids include prescribed pain medications such as oxycodone, hydrocodone, morphine, methadone, and fentanyl, as well as illegal drugs such as heroin and illicitly manufactured fentanyl. Both forms, prescribed and illegal, contribute to the opioid crisis.

The impact of this crisis on American Indians and Alaska Natives (AI/ANs) is severe (NCAI, 2017). Data from three states in the northwest show that roughly three out of every four AI/AN prescription drug overdose deaths occurring between 2006 to 2012 were due to opioids (SAMHSA, 2016). National data from the Centers for Disease Control and Prevention (CDC) also suggest that death rates involving opioid pain relievers for AI/ANs were up to three times higher than rates for other racial and ethnic minorities (Paulozzi et al., 2011).

This crisis also impacts AI/AN youth and maternal and child populations. Results from the American Drug and Alcohol Survey released in 2014 revealed that heroin and Oxycontin (a brand name for oxycodone) use was two to three time higher among American Indian students than national averages (Stanley et al., 2014). Additionally, hospital data from Wisconsin showed that rates of newborn opioid withdrawal (neonatal abstinence syndrome) were highest among AI/ANs compared to other racial and ethnic groups studied (Atwell et al., 2016).

AS SUPPLY AND DEMAND INCREASE, RESILIENCE WINS

Despite a lack of long-term studies, opioids were liberally prescribed and marketed as non-addictive for years. Now, healthcare providers walk a fine line to treat chronic pain and prevent opioid over-prescription and misuse. AI/AN communities are doubly impacted when opioids are overprescribed in place of appropriate healthcare and access to substance abuse prevention, treatment, and recovery services are inadequate.

In many tribal communities, for example, health systems are severely underfunded, healthcare provider vacancy rates are high, and access to specialty care and behavioral health services are limited. This combination

of factors can result in long-term use of prescription opioids when short-term pain management and physical therapy may be a better course of treatment. For Tiffany, a young Native mother from Minnesota, these shortfalls in health and treatment services were fatal (Collins, 2016). Her addiction developed when she ran out of the prescription opioids received after a car accident, turned to buying pills on the street, and eventually started using heroin. Then, when she left court-mandated treatment and lost access to suboxone (a medication used to treat opioid

"There is common agreement that our community's drug epidemic is rooted in historical and generational trauma. There is also common agreement that, as a tribe, we are strong and resilient and can create support…in order to heal the next generation."

– Tribal member (RMTEC, 2016)

addiction), she returned to heroin and died by overdose while five months pregnant. In this case, and many others like it, a health system that appropriately addressed her initial injury or provided better-coordinated treatment and recovery services may have resulted in a different outcome.

Trauma also has a role. Data show higher rates of opioid prescriptions and adverse outcomes for veterans facing trauma and chronic pain (Seal et al., 2012) – a finding that has particular relevance for AI/AN populations, which over time have had higher rates of military service compared to other groups. In the case of Tiffany, above, grief after the death of a cousin pushed her to use heroin for the first time. These contemporary traumas, alongside a growing interest in the concepts of historical and intergenerational trauma, deserve close attention within efforts to address the opioid crisis in Indian Country. And, while AI/AN communities often link opioid misuse to historical trauma, it is important to remember that they also frame it as feasible to overcome.

"There is common agreement that our community's drug epidemic is rooted in historical and generational trauma. There is also common agreement that, as a tribe, we are strong and resilient and can create support…in order to heal the next generation." – Tribal member (RMTEC, 2016)

TRIBES AND OTHERS ARE RESPONDING TO THIS CRISIS

Federal agencies recommend efforts to reduce the opioid supply and increase treatment access to combat the opioid crisis. Effective responses to curb the supply of opioids include stronger prescribing guidelines, prescription drug monitoring programs, and law enforcement programs. Strategies that can increase access to treatment include distribution of naloxone (a drug used to treat overdose in emergency situations), education on harm reduction approaches, and expanded treatment capacity and linkages (Rudd et al., 2016).

Tribal responses often have culture and sovereignty at their core. Tribes across the country have dedicated annual powwows and cultural events to prevention and education. Several have also hosted meetings that bring together representatives from federal health agencies, treatment facilities, law enforcement, and the community. Additionally, the Cherokee Nation in Oklahoma filed a lawsuit in tribal court this year accusing drug distributors and pharmacies of oversupplying communities with addictive opioids, and the Swinomish Indian Tribal Community in Washington instituted the "Good Sam Law", which grants immunity from criminal drug possession charges to overdose victims and those helping them seek care.

Partnerships between tribes and state and federal agencies are critical as responses roll out at all levels. Recently, state governors have aligned to address the opioid crisis and many federal agencies are beginning to develop funding and collaborative efforts to support opioid prevention and intervention strategies. Tribes should be included in these discussions as they are best positioned to address behavioral health issues such as the opioid crisis in their communities.

THE PATH AHEAD FOR INDIAN COUNTRY

To adequately address the opioid crisis in Indian Country, efforts to both prevent opioid misuse and provide treatment and recovery services to those in need must come from a wide variety of sources working in partnership with tribes. Federal and state partners should support tribes with increased funding and assist in the development and sustainability of prevention, treatment, and recovery services at the local level. Tribal organizations like the National Congress of American Indians (NCAI) also recognize that the opioid issue requires urgent attention. NCAI recently re-established its Substance Abuse Prevention Task Force, which has been holding sessions with tribal leaders to discuss options and actions to take to combat this crisis. Even Native youth are getting into the conversation and encouraging their tribal leaders to talk with them about solutions from their perspective. ■

Atwell, K.A. et al. (2016). Neonatal Abstinence Syndrome and Maternal Substance Use in Wisconsin, 2009-2014.*Wisconsin Medical Journal*, 115(6), 287-294.

Collins, J. (2016). This White Earth mom lost her pregnant daughter to overdose. *MPR News*, April 18, 2016.

National Congress of American Indians (NCAI). (2017). Responding to the Opioid Crisis: An Update for Tribal Leaders. Policy Research Center. June, 2017. Washington, D.C.

Paulozzi, L.J. et al. (2011). Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999—2008. *MMWR*, 2011; 60(43):1487-1492.

Rocky Mountain Tribal Epi Center (RMTEC). (2016). Blackfleet Indian Country Addresses Opioid Epidemic. Retrieved from http://www.rmtec.org/wp-content/uploads/2016/08/Blackfeet-Indian-Country-Addresses-Opioid-Epidemic_AM.pdf.

Rudd, R.A. et al. (2016). Increases in Drug and Opioid-Involved Overdose Deaths – United States, 2010-2015. *MMWR*, 2016; 65:1445-1452.

Seal, K.H. et al. (2012). Association of Mental Health Disorders With Prescription Opioids and High-Risk Opioid Use in US Veterans of Iraq and Afghanistan. *Journal of the American Medical Association*, 2012; 307(9), 940-947.

Stanley, L.R. et al. (2014). Rates of substance use in American Indian students in 8th, 10th, and 12th grades living on or near reservations: update, 2009-2012. *Public Health Rep* 129(2):156-63, Mar-Apr 2014.

Substance Abuse and Mental Health Services (SAMHSA). (2016). The National Tribal Behavioral Health Agenda, U.S. Department of Health and Human Services, December, 2016, Rockville MD

The 2017 NCAI Native Graduate Health Fellow cohort. Pictured left to right: Jennifer Richards, Justin Kaye, Felina Cordova, Tabatha Harris, and Sarah Katongan. ***(Photo courtesy of NCAI)***

Health Fellow Justin Kaye views research samples at the NIH Zebrafish Core Building. ***(Photo courtesy of NCAI)***

Investing in the Future of Healthcare

NCAI's Native Graduate Health Fellowship helps prepare healthcare leaders for stronger tribal communities and nations

A young Justin Kaye watched in wonder as his older relative Otto Tso, known as a *Hataalii* – a singing healer or medicine man – performed a traditional Diné (Navajo) healing ceremony.

Traditional ceremonies are often a multi-faceted approach to healing in which the physical, spiritual, emotional, and social needs of the patient are taken into consideration.

In this instance, the patient was surrounded by attentive caregivers, ranging from close and extended family to Tso and his assistants, all of whom were in attendance to give their support during the process.

It was observing this holistic, cultural approach to healing that sparked Kaye's desire to help people. "I witnessed how the patient felt cherished and valued by the *Hataalii* and the family who was committed to supporting the patient to allow the healing process to take place," Kaye said. "The power of this interaction between patient, family, and healer compelled me and by high school I developed my dream to become a medical doctor."

However, on this day, a sweltering Monday July morning in Washington, D.C., Kaye and four other emerging Native health professionals made their way through the front doors of the Embassy of Tribal Nations. The group had been selected as the 2017 class of the prestigious Native Graduate Health Fellowship program at the National Congress of American Indians (NCAI).

The Fellowship program, an intensive four-day professional development opportunity for Native health care students, has brought this diverse group from across the country together. While the students claim different hometowns, tribal backgrounds, and specializations in their studies, what they share is an acute awareness of the gravity and complexity of the healthcare needs of their own communities, an awareness which sparked their journey to the Nation's Capital.

The Health Fellows engage in discussion with professionals from NIH on future careers and research opportunities in healthcare. ***(Photo courtesy of NCAI)***

Health Fellow Sarah Katongan talks about her dream of an assisted living facility for Elders in her home village of Unalakleet, Alaska. ***(Photo courtesy of NCAI)***

Health Fellow Tabatha Harris shares her experience in preventing injuries through public safety in transportation at the NCAI Embassy of Tribal Nations. ***(Photo courtesy of NCAI)***

The Health Fellows visit the National Human Genome Research Institute (NHGRI) at the National Institutes of Health (NIH). Pictured from left to right: Health Fellows Felina Cordova, Justin Kaye, and Jennifer Richards, Tada Vargas (post baccalaureate NHGRI), Dr. David Wilson (NIH Tribal Health Research Office Director), Lorraine Basch (NCAI Wilma Mankiller Fellow), Health Fellow Tabatha Harris, Edmund Keane (NIH Scientific Analyst), and Health Fellow Sarah Katongan. ***(Photo courtesy of NIH)***

NCAI Native Graduate Health Fellowship: THE 411

FELLOWSHIP COMPONENTS:

(1) A monetary award towards the Fellow's graduate studies
(2) professional development of Fellows in tribal health policy

ELIGIBILITY:

Applicants must be members of an American Indian or Alaska Native tribal nation and must be new or continuing full-time students pursuing graduate or professional degrees in any health-related area, including Doctor of Medicine (MD), Master of Nursing (MSN), Doctor of Nursing Practice (DNP), Master of Public Health (MPH), Master of Pharmacy (MPharm), etc.

APPLICATION PROCESS:

Eligible applications are reviewed by a selection committee composed of NCAI staff and other key Native health leaders. Fellows are selected on the basis of:

- Demonstrated commitment to American Indian/Alaska Native communities and/or tribal health policy, through contributions to or participation in one or more of the following: campus activities, community or public service, tribal government and cultural activities, and research;
- Desire to use degree and knowledge gained from the Fellowship to support tribal communities and/or Indian Country;
- Strength of academic record;
- Previous professional experience and community engagement;
- Quality of essay;
- Letters of recommendation;
- Demonstrated leadership, character, and integrity.

For more information, please visit: http://www.ncai.org/get-involved/internships-fellowships/native-graduate-health-fellowship

"I believe that part of strengthening tribal nations means training our workforce to exercise tribal sovereignty effectively, which we can do by building local capacity in various areas: healthcare, education, public health, and economic development."

– Jennifer Richards

"Growing up in a tribal community, I observed preventable mortality and it motivated me to pursue a career in public health," said Jennifer Richards (Diné, Lakota, and Taos), a Health Fellow who is pursuing a Doctorate of Public Health at the University of Arizona. "Our health issues go deeper than the statistics. They involve sovereignty, historical trauma, and cultural loss. One of the challenges we face is finding academic and career opportunities that adequately address the complexity of American Indian health disparities." That's where the Native Graduate Health Fellowship program comes in.

Launched in 2012, the program is emblematic of NCAI's commitment to equip the next generation of Native leaders with the skills, knowledge, and tools they need to succeed. The Fellowship aims to address the stark disparities in Native health by building a cohort of Native health professionals who are prepare to lead in formulating and promoting health policies and practices that address the unique needs of American Indians and Alaska Natives.

In describing the Fellowship program, NCAI Executive Director Jacqueline Pata stated, "This year's Fellowship program occurred at a time when the country is having a critical conversation about the delivery of healthcare throughout the United States. The healthcare needs in Indian Country are great. This program is one way to empower Native professionals who want to dedicate their careers to improving the health and wellbeing of tribal members nationwide."

Applicants are chosen based on a comprehensive set of criteria, including a demonstrated commitment to Native communities and/or tribal health policy, and a desire to use his/her degree and knowledge gained from the Fellowship to support specific tribal communities and/or Indian Country as a whole (see "The 411" info box for the full list of criteria). Meeting these stringent criteria along with Kaye and Richards in the 2017 class were Tabatha Harris (Choctaw), Sarah Katongan (Inupiaq), and Felina Cordova (Hopi).

NCAI's Policy Director, Denise Desiderio, sees the extraordinary potential of this year's cohort. "When we see the accomplishments already of the 2017 Health Fellows, we are inspired by them and know our future is in good hands," said Desiderio. "The goal for the program is to create an opportunity for the Fellows to see things differently and to take those things back with them."

In addition to the four-day professional development seminar designed to deepen their understanding of tribal sovereignty, tribal public policy, Native health policy, and recent innovations in Native healthcare, Fellows also receive a $5,000 financial award to apply toward the cost of their graduate studies.

According to Cordova, the high cost of financing a medical education is a challenge many tribal citizens face in pursuing a career in health care. "Tribal citizens may not see themselves reflected in physicians and medical students – more American Indian role models are needed. There's a lack of representation."

But a lack of Native representation wasn't the case in this setting, as the Fellows' jam-packed week kicked off with an in-depth introduction to NCAI, its role in advancing Indian Country's health priorities, and how NCAI's Policy Research Center supports this advocacy effort through the generation and coordination of relevant data about Native health, health disparities, and the root causes driving them.

On Tuesday, the Fellows convened at NCAI's Embassy of Tribal Nations, meeting with representatives of national Native health policy advocacy organizations. Caitrin McCarron Shuy, Director of Congressional Relations for the National Indian Health Board, and Francys Crevier of the National Council of Urban Indian Health met with the Fellows to discuss healthcare reform and what that means for Indian Country. In addition, this year's cohort was able to hear a unique perspective from one of their own – Teresia Paul, a former NCAI Graduate Health Fellow who is now a Student Health Program Specialist at the Bureau of Indian Education. They then left to explore the nearby Smithsonian National Museum of the American Indian.

Wednesday was dedicated to a visit to the National Institutes of Health (NIH) in Bethesda, Maryland. While at NIH, the Fellows met with Dr. David Wilson, Director of the Tribal Health Research Office before getting a tour and behind-the-scenes look at the NIH Zebrafish Core laboratory. Because zebrafish share 70% of the genetic makeup of humans, and have a rapid breeding cycle, they are ideal for genetic research and studying human disease. After lunch, the group visited the National Human Genome Research Institute and heard from a panel of NIH speakers on careers in science and post-graduate training opportunities, before a final tour of the NIH Clinical Center.

As their time in Washington wound down, the Fellows were absorbed by an engaging final day at NCAI. Aaron Slater of The Center for Native American Youth led a group conversation highlighting the importance of mentors and role models in Native communities, before the Fellows had an extended and inspiring discussion with Native Graduate Health Fellowship

FELINA CORDOVA
Hopi

SCHOOL:
University of Arizona

DEGREE PURSUING:
Doctorate of Public Health

CAREER GOAL:
Becoming the primary investigator of a clinical trial research team in the area of oncology, with a focus on providing precision care and recruiting American Indians.

HOW WILL THE INVESTMENT THAT YOU ARE MAKING IN YOURSELF BENEFIT YOUR NATION/COMMUNITY OVER THE LONG RUN?
Medical school is a long challenge but I believe it will be worth it as I would like to treat American Indian patients. In the long run, clinical trials that I implement will help provide more precise and effective treatment to American Indians.

HOW CAN OTHER CITIZENS OF YOUR NATION FOLLOW IN YOUR FOOTSTEPS?
I believe the first step towards medical school for students is to believe in themselves and believe that a career in medicine is not out of their reach. I also suggest they shadow medical students and physicians to get an idea of the life that they would like. Gaining experience is also key; internships and fellowships are very important to improving skills that may be beneficial in the medical field.

INSPIRATIONAL ADVICE:
It's important to seek out a mentor or role model, because as you observe that person, you can see that 'Oh, that could be me someday!'

SARAH KATONGAN
Inupiaq

SCHOOL:
Alaska Pacific University

DEGREE PURSUING:
MBA with a concentration in Health Services

CAREER GOAL:
To give back to my village by becoming a leader and administrator in the development of Unalakleet's Elders Assisted Living Facility.

WHAT ARE THE CHALLENGES YOU OR OTHER TRIBAL CITIZENS FACE IN PURSUING A CAREER IN HEALTH CARE?
Challenges in pursuing a career in health care start with the knowledge of the opportunities out there. We, as a tribal community and network, must give the youth the opportunity to explore career options at an early age so they have a goal or target to aim for. Another challenge is having the support while pursuing training or furthering education.

IN YOUR ESTIMATION, WHAT WILL IT TAKE FOR YOUR NATION TO PROVIDE QUALITY, CULTURALLY APPROPRIATE HEALTH CARE TO ALL OF ITS CITIZENS?
This would take education of our people, to understand what the healthcare field looks like and what it takes to run. With the understanding and common ground, we can work together to ensure the best healthcare possible. Also, having more Alaska Native/American Indian health professionals to ensure trust and lay the groundwork within the smaller community would provide positive effects all around.

INSPIRATIONAL ADVICE:
You are in control of your future; you have choices on who and what you want to be.

JUSTIN KAYE
Navajo

SCHOOL:
University of Arizona

DEGREE PURSUING:
Professional Science Masters

CAREER GOAL:
Practice as a physician-scientist and facilitate personalized medicine that will inform clinical care and improve the safety and efficacy of medicine, especially in underserved populations.

HOW DO YOU PLAN TO APPLY YOUR TRAINING ON BEHALF OF YOUR NATION/COMMUNITY?
There currently are very few studies dealing with precision medicine in American Indian populations. As a physician-scientist, I plan to help close this gap in our knowledge to advance personalized treatments that will improve health outcomes for Indian Country.

HOW WILL THE INVESTMENT THAT YOU ARE MAKING IN YOURSELF BENEFIT YOUR NATION/COMMUNITY OVER THE LONG RUN?
I plan to advocate and communicate the risks and benefits of implementing personalized medicine. I believe, if done for the right cause and for the benefit of improving the health of our communities, personalized medicine in Indian Country can have a significant clinical impact. Quality evidence, that is generated and developed by communities and health professionals from those communities, will have the highest likelihood to produce effective health policy measures.

INSPIRATIONAL ADVICE:
It can be intimidating asking for help from a mentor, however, most love to offer their help and recognize that you are the next generation of health care leaders.

founder Robert Burnette. Capping off an extraordinary week was a notable visit and conversation with Indian Health Services Acting Director Michael Weahkee.

Cordova found the exchange with Burnette to be motivating, and Harris agreed. "[Mr.] Burnette said we shouldn't wait for the seventh generation – that we are the generation making changes now – and it inspired me to push and do the work," stated Harris.

Inspiration was in no short supply amongst this group, and Katongan was no exception. Katongan grew up in the small rural village of Unalakleet in Northwest Alaska, the kind of place where everyone knows everyone and role models are found in friends, relatives, and neighbors who all look after one another. However, elders in the community who need assisted living care must currently travel about 145 miles to Nome, the state-wide hub for these services, or almost three times that distance to establish assisted living care in Anchorage. The financial expense facing relatives who support elders needing this care is great. The goal of building an elders' assisted living facility in Unalakleet is where Katongan finds her inspiration. "It is due to this strong community background that I feel the hunger to give back to my village and the region; I hope to become a resource and anchor for those elders who gave us so much," said Katongan. "Unalakleet understands that our community thrives when our own people take care of our own."

One of the unique challenges in Native communities is providing culturally appropriate healthcare, which all of the Fellows agree is a central concern. According to Harris, there needs to be more planning for and incorporation of cultural aspects to address the issue. "I have encountered both healthcare programs and agencies not providing cultural competency," Harris asserted. "You see several outreach programs conducting programming for tribal nations, but is the programming tailored for *that* tribal community?"

Cordova agrees, saying she believes that all tribes can benefit from having culturally competent physicians. "There is a large disparity of American Indians participating in clinical trials and I believe more Natives

TABATHA HARRIS
Choctaw

SCHOOL:
University of Oklahoma

DEGREE PURSUING:
MA Human-Health Services Administration

CAREER GOAL:
To work in either the public health or the transportation field; I hope to help Tribal Nations understand how public health plays a role in traffic safety, transportation, and injury prevention.

WHAT COMPELLED YOU TO PURSUE A CAREER IN THE HEALTH FIELD?
I began my career by working as an injury prevention specialist for the Indian Health Service's Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) grant. The opportunity allowed me to give back to tribal nations and continue my passion of working with Native American communities. I am a public servant. Helping tribal nations be aware of the resources that exist for injury prevention helps a tribal community to progress in their livability.

HOW WILL THE INVESTMENT THAT YOU ARE MAKING IN YOURSELF BENEFIT YOUR NATION/COMMUNITY OVER THE LONG RUN?
My personal investment showcases that Native American women can be educated, leaders, health care advocates, and contributors to the health care movement in tribal nations. Stereotypes can be broken by breaking the cycle and creating a stronger and better path for those to follow – just as my ancestors did for me. By investing in my education, I am also investing in tribal nations.

INSPIRATIONAL ADVICE:
Tribal citizens: you can walk in two worlds. You can be culturally active and educated. An achievement for yourself is also an achievement for tribal nations across the world.

JENNIFER RICHARDS
Diné, Lakota, Taos

SCHOOL:
University of Arizona

DEGREE PURSUING:
Doctorate of Public Health

CAREER GOAL:
To lead an organization that is committed to elevating the status of American Indian health through culturally-centered interventions and policy development.

WHAT COMPELLED YOU TO PURSUE A CAREER IN THE HEALTH FIELD?
By focusing on maternal and child health, I view public health as an "upstream" approach to improving the health status of American Indian people. I chose the Doctorate in Public Health (DrPH) degree because it provides a holistic approach to achieving health equity and also focuses on applied leadership skills.

HOW CAN OTHER CITIZENS OF YOUR NATION FOLLOW IN YOUR FOOTSTEPS?
I would advise others to create a 1-, 5-, and 10-year plan that outlines personal, academic, and professional goals. Be proactive in gaining public health experience by volunteering, providing community service, and/or job shadowing public health professionals. Identify academic and professional mentors to provide guidance and support. Lastly, network within academic, social, and professional communities. Many opportunities, ranging from training to scholarships, are communicated within networks.

INSPIRATIONAL ADVICE:
My cousin is one of my role models and she always says when you're faced with obstacles, 'Just keep swimming.' It's simple advice that many of us know from a Disney movie, but everyone can relate and it's true.

"Quality evidence, that is generated and developed by communities and health professionals from those communities, will have the highest likelihood to produce effective health policy measures."

– Justin Kaye

would be willing to participate if they had a culturally competent physician," Cordova said. "Without participation, scientific medicine cannot move further for the American Indian community and the possibility of finding better and more precise treatments for this population is lost."

This is especially important to Kaye, who is now an aspiring physician-scientist whose goal is to identify genetic biomarkers that influence medicine response and to use genotype-guided prescribing for more accurate dosing. These are all things in which cultural competence is a key factor in earning the trust of the Native communities that Kaye plans to serve. Based on his experience, Kaye said he believes in the importance of achieving culturally appropriate care by ensuring physicians have the proper sets of tools to communicate with patients. "Clinical decisions made with equal input from the physician and the patient will likely be more effective and add value to what the patient views as most important to their health and wellbeing."

While the 2017 class is acutely aware of the importance of this and other matters at the local level, NCAI's Native Graduate Health Fellowship Program also calls attention to the significance of policy on a national scale. Cordova said she had never pictured herself getting involved in the world of policy until she saw firsthand how important it was, while Richards noted policy often makes a significant and immediate impact, evident in NCAI's unwavering advocacy for policies explicitly designed to improve the health and wellbeing of Native people and tribal communities. According to Desiderio, "Everything is so intertwined and that's important to remember in advocacy. Everything that one does in healthcare impacts our communities in many ways. Advocacy is about breaking down silos of experience and information. Being open and connected saves lives."

However, this understanding of interconnectedness for the Fellows goes deeper than policies and politics and cultural competency; it extends to a few basic things that have a tremendous influence over each of the Fellows.

All acknowledged the importance of role models and mentors, the need for support from both tribes and organizations for educational and professional opportunities, and the need to use their skills and gifts to give back.

Yet perhaps most importantly, they realize that ultimately they each play an important part in becoming the change they'd like to see:

- Tribal nations understanding how public health impacts traffic safety/transportation/injury prevention (Harris).
- Equal access to healthcare and equal representation in medical trials (Cordova).
- Having more American Indian/Alaska Native health professionals serving their home communities (Katongan).
- A shift in focus to disease prevention (Richards).
- Utilization of personalized/precision medicine to improve outcomes for underserved populations (Kaye).

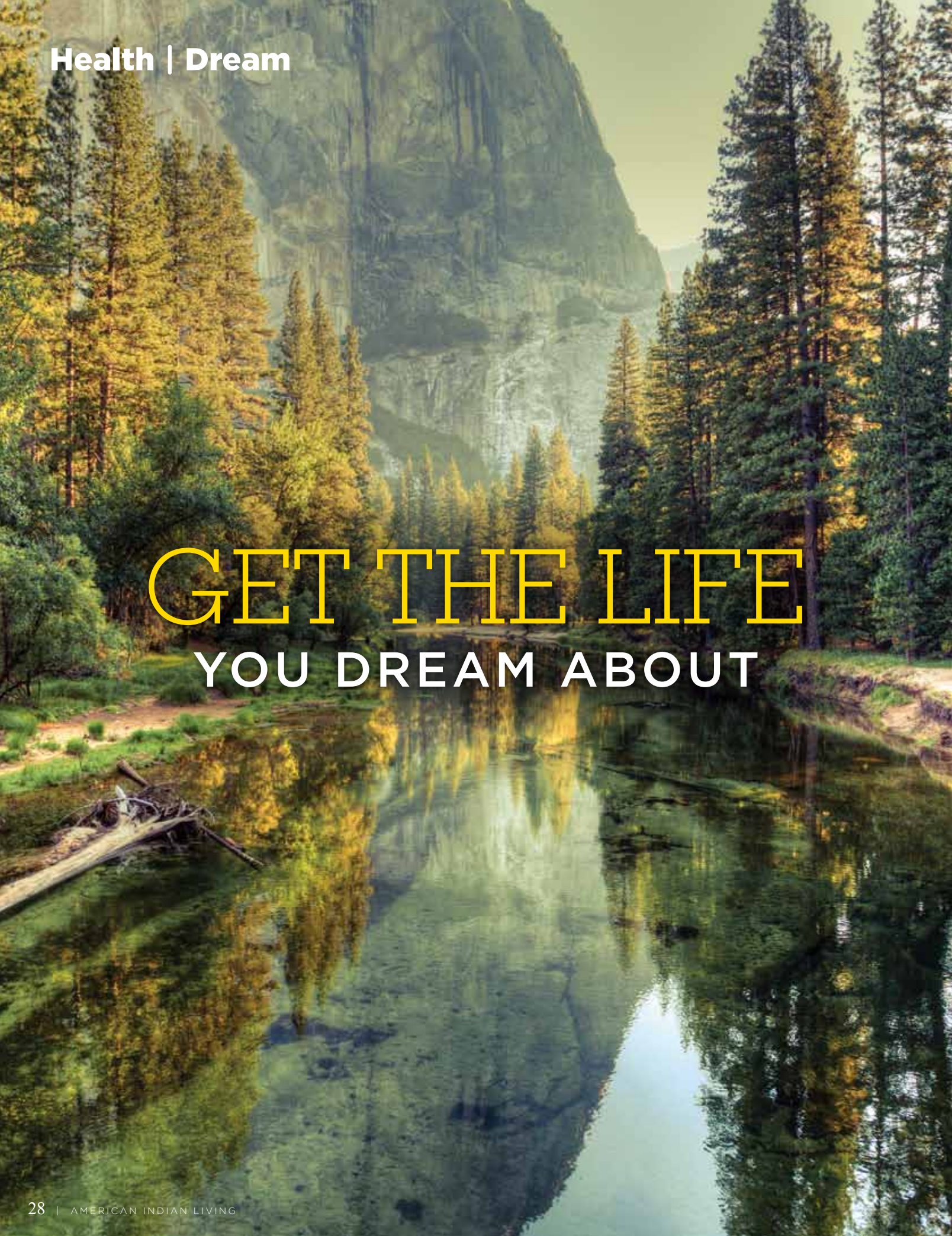
As the Fellows prepared to depart, they gathered one final time in the Embassy's formal conference room to reflect on their whirlwind experience in Washington, D.C. For many, it would take several days just to fully explore one of the Smithsonian's museums; yet in the same amount of time, the 2017 Native Graduate Health Fellows were able to learn from and make lasting connections with major players in each of their different healthcare areas of interest – an invaluable experience only available to them through the Fellowship program. Katongan summed up their experience perfectly: "They planted seeds in us and we'll be able to go to our communities, replant those seeds at home – and together we'll all grow."

And just like that, as they stood one by one, there was an air of confidence and excitement in the room as they prepared to face the sultry summer heat – and then the world. ■

To learn more about the NCAI Native Graduate Health Fellowship, please visit: http://www.ncai.org/get-involved/internships-fellowships/native-graduate-health-fellowship.

The Native Graduate Health Fellowship is made possible through the generous support of Robert Burnette, the Seventh-day Adventist Church, and a range of other donors. NCAI deeply appreciates these donors' essential role in establishing and sustaining the endowment that supports the Fellowship.

If you would like to make a donation to this program, please contact nhallingstad@ncai.org.



GET THE LIFE
YOU DREAM ABOUT

THE FIRST NATIONS, Métis and Inuit peoples received Seven Sacred Teachings from the Creator, but the Creator meant for the teachings to be honored by all people. So, to receive full benefit through the Seven Sacred Teachings, we can share them with our families, friends and others by practicing them to the fullest extent possible. If we keep them to ourselves, we will not bless others, nor will we be fully blessed.

Our spiritual lives are vitally important to our success in life. Our health, our well-being, our outlook, and our relationships are all impacted by our connection to our Creator. Without our Creator's involvement in our lives our successes are only temporal. Abiding in Him, we will find success with people and contentment in our personal lives, not just money and material things. We are encouraged through that relationship to achieve what seems impossible.

Our Creator longs to deepen our relationship with Him; we are His children. The attributes of the Seven Sacred Teachings of love, respect, courage, honesty, wisdom, humility and truth mirror the following:

> "For by these He has granted to us His precious and magnificent promises, so that by them you may become partakers of the divine nature, having escaped the corruption that is in the world by lust. Now for this very reason also, applying all diligence, in your faith supply **moral excellence**, and in your moral excellence, **knowledge**, and in your knowledge, **self-control**, and in your self-control, **perseverance**, and in your perseverance, **godliness**, and in your godliness, **brotherly kindness**, and in your brotherly kindness, **love**. **For if these qualities are yours and are increasing**, they render you neither useless nor unfruitful in the true knowledge of our Creator. 2 Peter 1:4-11 (NASB)

Every one of these attributes builds upon the other, strengthening our relationship with our families, our friends and our Creator. When we consistently invest in a relationship with our Creator, we realize that all the success in our lives comes through and from our Creator not ourselves. In view of this, we want to make every effort to respond to the Creator's promises.

Even nature is giving, and receives a blessing, by practicing these truths. "There is nothing, except the selfish heart of man, that lives only to please itself. There is no bird that graces the skies, no animal that moves upon the ground, that doesn't contribute to the well-being of some other form of life. Every tree and leaf and shrub pours forth that essential element, without which neither man nor animal could live. In turn, both men and animals minister to the life of tree, shrub and leaf. The fragrance of flowers blesses the world, while the ocean receives the streams from every land, but takes to give."[1]

A true illustration of a lifelong return on investment comes from a chairman of a university business department who wanted all of his students to find success in whatever major they chose to complete. He encouraged his accounting students to take the Certified Public Accountant (CPA) exam. The examination is very difficult and most individuals take the exam several times to pass the various sections.

The chairman thought it was important for the faculty to help all students perform as well on the exam as possible. The faculty worked diligently with the students and as a result, that year all of the students passed all sections the first time they took the CPA exam. The chairman wondered if there was one specific thing that helped the students achieve this incredible goal and so he interviewed each student. The response was unanimous: *The key to success was due to one set of actions recommended by the faculty, rather than the prep work. The students took the laws/rules of accounting and put them in places where they would see them continually. They put them on pillows, refrigerators, steering wheels, dashboards, bathroom mirrors, commodes, radios, chairs, books and everything they would touch. They memorized the laws by putting them in the places where they would encounter them the most throughout the day.* They found motivation, commitment and empowerment toward a new life. The accounting students chose what they wanted in life and made it happen. They put their passion into action to make themselves knowledgeable for the rest of their lives. Their action for change was manifested in a way that catapulted them to success!

This technique can also benefit your health and spiritual life. Consider for yourself if you made a decision to change your diet and you left yourself notes through the house to remind yourself and encourage yourself to follow a healthy lifestyle plan. Imagine the positive result if you would leave yourself reminders to live the life you choose, a happy, healthy life that is fulfilled by living close to your Creator, rather than just getting by in the life that society has put you in.

Our Seven Sacred Teachings help us find peace and affect our lives on a daily basis. Without love, respect, courage, honesty, wisdom, humility, and truth, life would be full of suicide, drugs, fast food, no exercise, disease and despair. Try leaving yourself notes that will help you make the changes you need to get the life you dream about. ■

1 Nedley, Neil. The Lost Art of Thinking. Nedley Publishing, 2011.

THE TIME IS NOW FOR

SPECIAL DIABETES PROGRAM FOR INDIANS *Renewal*

FOR DECADES, American Indians and Alaska Natives (AI/ANs) have experienced an epidemic of diabetes. The percent of people who are diagnosed with diabetes has been increasing in the U.S. overall, but American Indians and Alaska Natives were the first group to experience this epidemic since at least the 1970s and have the highest rates of diabetes compared to other racial and ethnic groups.

According to the 2017 National Diabetes Statistic Report, AI/AN adults continue to have the highest prevalence, or percent, of individuals with diagnosed diabetes at 15.1 percent. However, the prevalence varies widely among regions of the country, and even among tribes, with some tribes in the southwest having around 50 percent or more of their adult population with diabetes. Despite these disparities, Indian Health Service (IHS) data shows that diabetes rates in AI/ANs have been stable over the past decade and have not been rising. IHS data also show that AI/AN death rates from diabetes, which were rising in the 1990s, are now declining. Something has been happening to stem the tide. That something is likely due, in part, to the Special Diabetes Program for Indians.

The Special Diabetes Program for Indians (SDPI) was established in 1998 by Congress to provide funding to develop diabetes prevention and treatment services in IHS, tribal and urban Indian health programs. This initiative was started during a time when some key research studies were showing that it is possible to prevent the complications of diabetes, and even to prevent diabetes in those at risk. The SDPI is administered by the IHS, which coordinates the distribution of the funding as grants that are tailored to the needs of each community. The funding started at $30 million per year in 1998, and through a few actions by Congress, increased to $150 million a year since 2004.

Senator Lisa Murkowski (R-AK) visting the Alaska Native Tribal Health Consortium's SDPI program in 2013.

The SDPI was implemented in partnership with tribes, and an entity called the Tribal Leaders Diabetes Committee (TLDC) meets every year with IHS to review progress and the formula for distribution of the funding. This partnership with tribes from the beginning of the initiative has been an important part of the success of the SDPI. The TLDC also meets regularly with Congress to provide updates and encourage continued funding for this successful program.

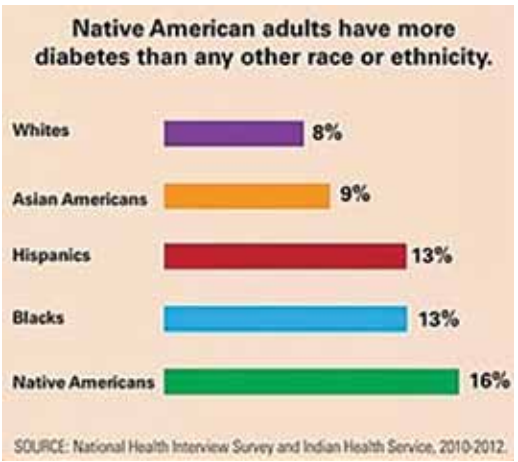
The SDPI impacts the lives of well over 782,000 AI/ANs each year through funding 301 diabetes treatment and prevention programs across the nation. These programs implement the latest recommendations for diabetes care, monitor and evaluate their activities, and tailor their programs to the local community cultures, traditions and circumstances.

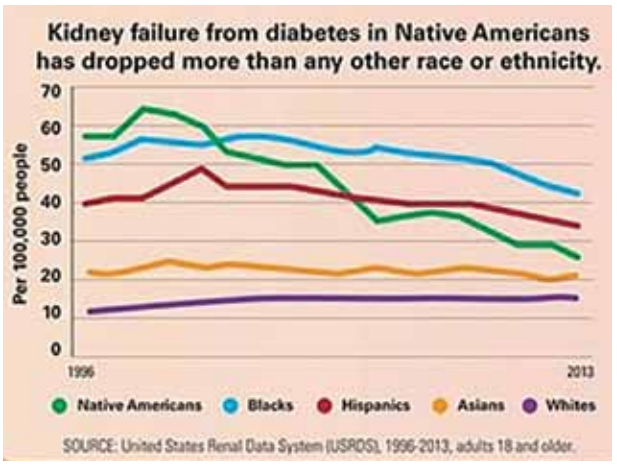
No one can deny that SDPI has been a remarkable success – in fact, it is one of the most successful public health programs ever created. The results since the program's beginning in 1998 demonstrate remarkable outcomes in the prevention and treatment of diabetes during the years that SDPI programs were implemented. Risk factors for the complications of diabetes have improved, such as a reduction in average blood glucose levels (A1C levels) from 9.0 percent to 8.1 percent for all IHS patients, and reduced LDL cholesterol levels. A special demonstration project in SDPI also was able to show that it is possible to prevent diabetes through education to encourage weight loss, physical activity and healthy food choices.

The most amazing results during the same time period that the SDPI was implemented are a reduction in the number of people diagnosed with kidney failure, which is a major complication of diabetes if blood sugars are not controlled. From 1996-2013, kidney failure, also called End-Stage Renal Disease (ESRD), in AI/ANs has decreased by 54 percent – and this decline was found to be faster in AI/ANs compare to any other racial or ethnic group. That data tracks closely with the inception of SDPI so the link between the decrease in new cases of ESRD and SDPI is likely more than a coincidence. ESRD is one of the biggest drivers of Medicare costs at almost $90,000 per patient per year. Any reduction in new cases of ESRD results in saving those costs. SDPI is saving lives and saving dollars.

Despite the remarkable successes of the SDPI, Congress has only renewed this program in one or two year reauthorization periods at $150 million a year – with no funding increase since 2004. During that same time that the funding has not increased, medical inflation has grown, and the AI/AN population has increased. As a result, the same level of funding has not kept up with the growing costs to provide the same services. This leaves SDPI programs with difficult choices, potentially limiting the effect this remarkable program can have. With all this at stake, it is critical that Congress act swiftly to reauthorize this important program so that SDPI can continue to save lives, federal dollars and secure programmatic staff and

TEAM-BASED AND POPULATION APPROACHES REDUCE KIDNEY FAILURE FROM DIABETES IN NATIVE AMERICANS: CAN BE A MODEL FOR OTHER GROUPS





There has been a remarkable decline in diabetes incidence rates among AI/AN since 1998 that has resulted in a 54% decline, more than any other race, in prevalence rates of end-stage renal disease (ESRD) – a costly complication often linked with diabetes.
SOURCE: United States Renal Data System (USRDS). 1996-2013, adults 18 and older.

stability. However, the current Congressional authorization for SDPI expires on September 30, 2017.

The National Indian Health Board (NIHB) and Tribes are encouraged by the strong support for SDPI in Congress over the years. In September 2016, a letter addressed to Congressional leadership in support of SDPI garnered signatures from 356 (out of 435) House Members and 75 (out of 100) Senators. It is critical that Congressional leaders make the renewal of these programs a legislative priority and reauthorize the SDPI before the end of September. Failure to do so will result in the loss of staff for many SDPI programs living in rural areas and will cause disruptions to patient care. And all the great outcomes that SDPI has accomplished could go away.

SDPI is usually renewed as part of the "Medicare Extenders" legislation. In 2015, the annual legislation which typically contained Medicare Extenders was permanently reauthorized, so the Medicare Extenders now lack a congressional mechanism to be passed. There may be opportunity now for several different mechanisms for renewing funding for this important program. In March 2017, Senator Udall (D-NM) introduced the Special Diabetes Program for Indians Reauthorization Act of 2017 (S. 747). This piece of legislation would reauthorize SDPI for $150 million per year through 2024, with annual increases based on medical inflation. A companion bill was introduced in the House of Representatives in May 2017 by Congresswoman Norma Torres (D-CA). Alternatively, SDPI may be attached yet again with other public health improvement programs known as the Medicare Extenders attached to the Children's Health Insurance Program (CHIP) reauthorization.

BUT WE NEED YOUR HELP.

Given the uncertainty of the legislative path to reauthorization, it is now more important than ever to share success stories of how SDPI is positively impacting Tribal communities with Members of Congress. Have you or a loved one participated in your Tribe's local SDPI program? If so, send NIHB your story and photos using the online form located at *www.nihb.org/sdpi.*

Tribes are being encouraged to provide education on the importance of this program by inviting lawmakers to visit SDPI grant sites and meet with practitioners and participants. In past renewal efforts, these site visits have been extremely effective in garnering support from lawmakers. Now is the time to **SHOW** Congress how SDPI programs are saving lives and transforming communities. NIHB recommends that individuals follow these four easy steps:

Schedule a time to meet with your Member of Congress
Host your member at your local SDPI site
Organize the community to participate
Witness the change when your Member returns to Washington D.C.

NIHB has a toolkit available with step-by-step instructions on how to host a site visit with Members of Congress located at *https://www.nihb.org/sdpi/host.php*.

NIHB also encourages you to send SDPI Postcards to your Members of Congress. Contact NIHB staff to request post cards to pass out at your community meetings and events. ■

TO LEARN MORE ABOUT HOW YOU CAN ASSIST IN ENSURING THE RENEWAL OF THE SUCCESSFUL SPECIAL DIABETES PROGRAM FOR INDIANS, PLEASE VISIT WWW.NIHB.ORG/SDPI.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The Value We Bring

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SPECIFICATIONS

Sample size: 0.8 µL
Test time: 6 seconds
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Chemistry: Glucose oxidase

Results: Plasma referenced
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Memory: 300 tests with time and date stamp
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Tests/battery: 1,000 tests of continuous use or 1 year

For additional information or to answer any questions please contact:
Mary Dolezal | dolezalm@arkrayusa.com | 952.646.3204 | Toll-free 800.818.8877, ext. 3204

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PROGRAMS ARE HOSTED BY GINA GUIBOCHE AND EDWARD DUNN

NATIVE *New* HEALTH is an innovative series of health programs designed for Native people by Native people. This series addresses a number of health topics of special concern to Native People: diabetes, heart disease, cancer, depression, suicide, tobacco, alcoholism, drug abuse and more. Each episode has been designed to generate discussion, and to assist the viewer in making positive lifestyle choices.

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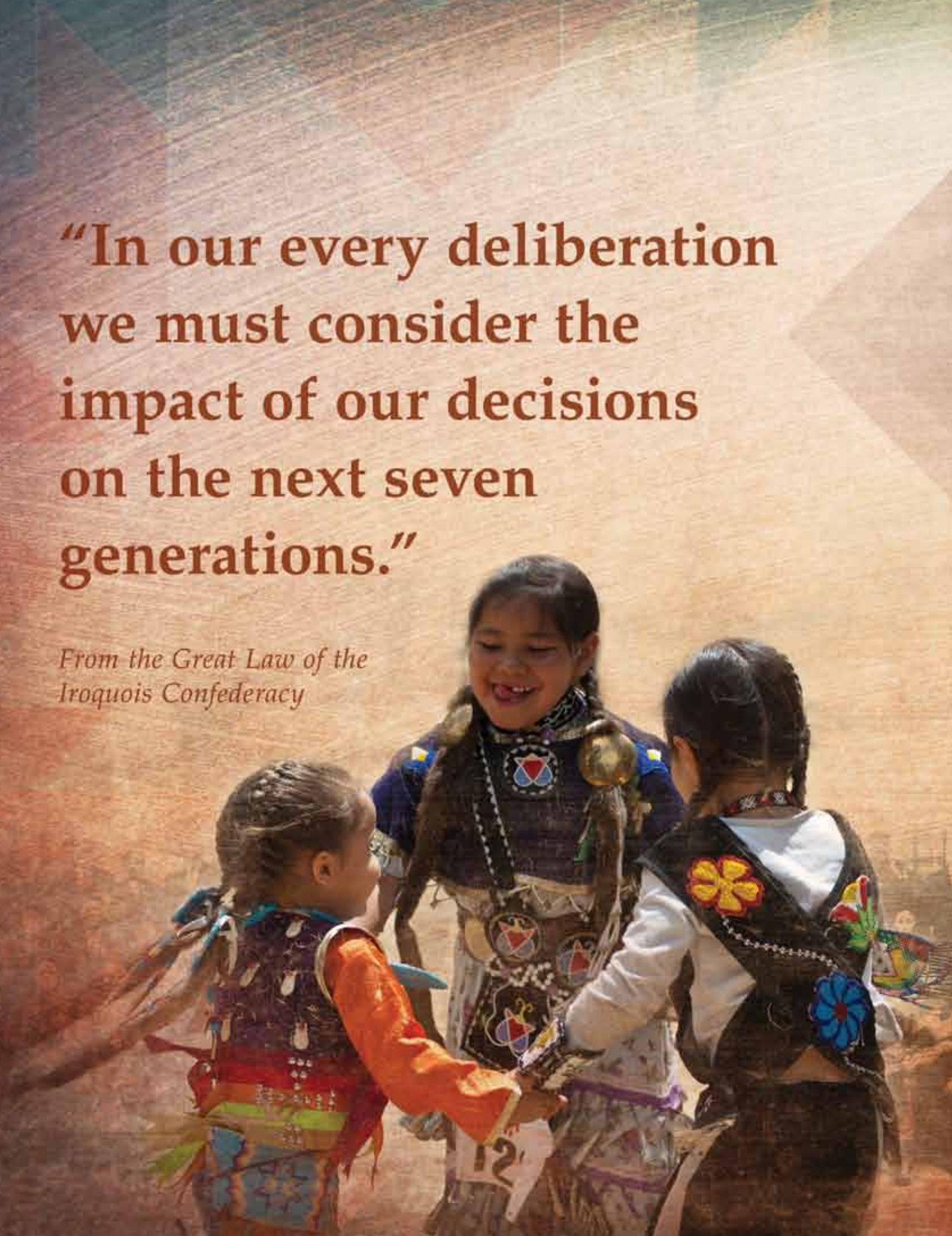
"In our every deliberation we must consider the impact of our decisions on the next seven generations."
From the Great Law of the Iroquois Confederacy

Stand Together

Join the National Congress of American Indians

National Congress of American Indians

In 1944, our founders had a vision – a commitment to our heritage, our culture, our children. To unite Native peoples together as one voice, with one common goal: to protect our rights, preserve our traditions, and improve our quality of life.

With the seventh generation always in mind, we have made much progress, but there is more work to be done.

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For our children.
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Founders of the National Congress of American Indians at the first meeting in 1944.

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