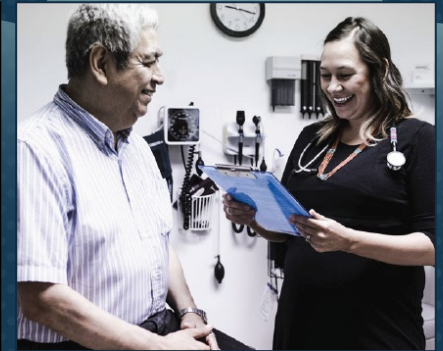


HEALTHY TRIBES: SUPPORTING INNOVATIVE, CULTURALLY - RESPONSIVE PUBLIC HEALTH APPROACHES TO IMPROVE WELLNESS IN AI/AN COMMUNITIES

JULIANNA REECE, MD, MPH, MBA
HEALTHY TRIBES DIRECTOR

INDIGENOUS HEALTH: CONNECTING WITH WELLBEING AND COMMUNITY DAY
FEBRUARY 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://en.wikipedia.org/wiki/Navajo_Nation_Council



<http://www.youtube.com/watch?v=ctiEOTByHlc>



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

PRESENTER DISCLOSURES

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

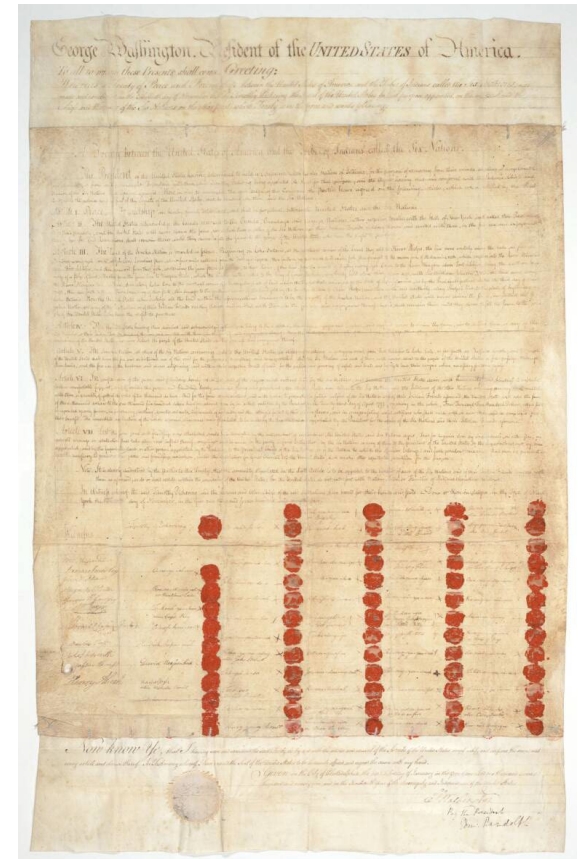
No relationships to disclose

Objectives

- Develop an understanding of how American Indian/Alaska Native (AI/AN) populations are unique to public health
- Identify key historical laws and events that greatly impact AI/AN populations
- Demonstrate how Social Determinants of Health, Historical Trauma, Intergenerational & Multigenerational Trauma impact AI/AN populations and Chronic Disease
- Highlight how the CDC supports AI/AN communities, specifically through the Healthy Tribes Program

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

- Since the formation of the Union, the U.S. has recognized Indian Tribes as **Sovereign Nations**
- Resulted in the transfer of land under treaties
- Federal programs and services that benefit AI/ANs are based on this **unique government-to-government relationship**
- **The relationship is political and legal**, it is not race-based
- Only Federally Recognized Tribes are eligible for any of these programs or services



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
*
EASY PAYMENTS



PERFECT TITLE
*
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:

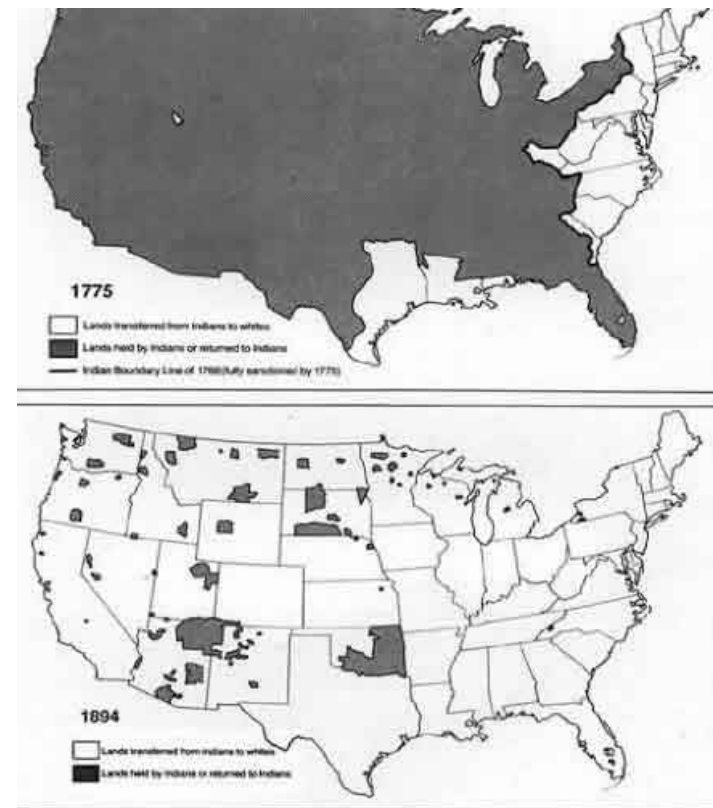
CALIFORNIA: Elgin. COLORADO: Ignacio. IDAHO: Lapwai. KANSAS: Horton. NEBRASKA: Nadeau.	MINNESOTA: Otisgem. MONTANA: Crow Agency. NEBRASKA: Macy. NEBRASKA: Saffron. NEBRASKA: Wasebago.	NORTH DAKOTA: Fort Totten. NORTH DAKOTA: Fort Yates. OKLAHOMA: Anadarko. NEBRASKA: Cantonment. NEBRASKA: Colony. NEBRASKA: Darlington. NEBRASKA: Muskogee. NEBRASKA: Pawnee.	OKLAHOMA - Coe: Sac and Fox Agency. OKLAHOMA: Shawnee. OKLAHOMA: Wyandotte. OREGON: Klamath Agency. OREGON: Pendleton. OREGON: Roseburg. OREGON: Siletz.	SOUTH DAKOTA: Cheyenne Agency. SOUTH DAKOTA: Crow Creek. SOUTH DAKOTA: Greenwood. SOUTH DAKOTA: Lower Brule. SOUTH DAKOTA: Pine Ridge. SOUTH DAKOTA: Rosebud. SOUTH DAKOTA: Sisseton.	WASHINGTON: Fort Simcoe. WASHINGTON: Fort Spokane. WASHINGTON: Tebo. WASHINGTON: Talahip. WISCONSIN: Pine Ridge. WISCONSIN: Oueda.
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WALTER L. FISHER,
Secretary of the Interior.

ROBERT G. VALENTINE,
Commissioner of Indian Affairs.

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



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



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**

COME TO DENVER.
THE CHANCE OF YOUR LIFETIME !

Good Jobs
Retail Trade
Manufacturing
Government-Federal, State, Local
Wholesale Trade
Construction of Buildings, Etc.

Happy Homes
Beautiful Houses
Many Churches
Exciting Community Life
Over Half of Homes Owned by Residents
Convenient Stores-Shopping Centers

Training
Vocational Training
Auto Mech, Beauty Shop, Drafting,
Nursing, Office Work, Watchmaking
Adult Education
Evening High School, Arts and Crafts
Job Improvement, Home-making

Beautiful Colorado
"Tallest" State, 48 Mt. Peaks Over 14,000 Ft.
350 Days Sunshine, Mild Winters
Zoos, Museums, Mountain Parks, Drives
Picnic Areas, Lakes, Amusement Parks
Big Game Hunting, Trout Fishing, Camping

HISTORICAL TRAUMA IN AI/AN POPULATIONS



THE LINK BETWEEN HISTORICAL TRAUMA AND HEALTH DISPARITIES

Colonization

Massacres

Disease

Starvation/poverty

Forced removal from
traditional lands

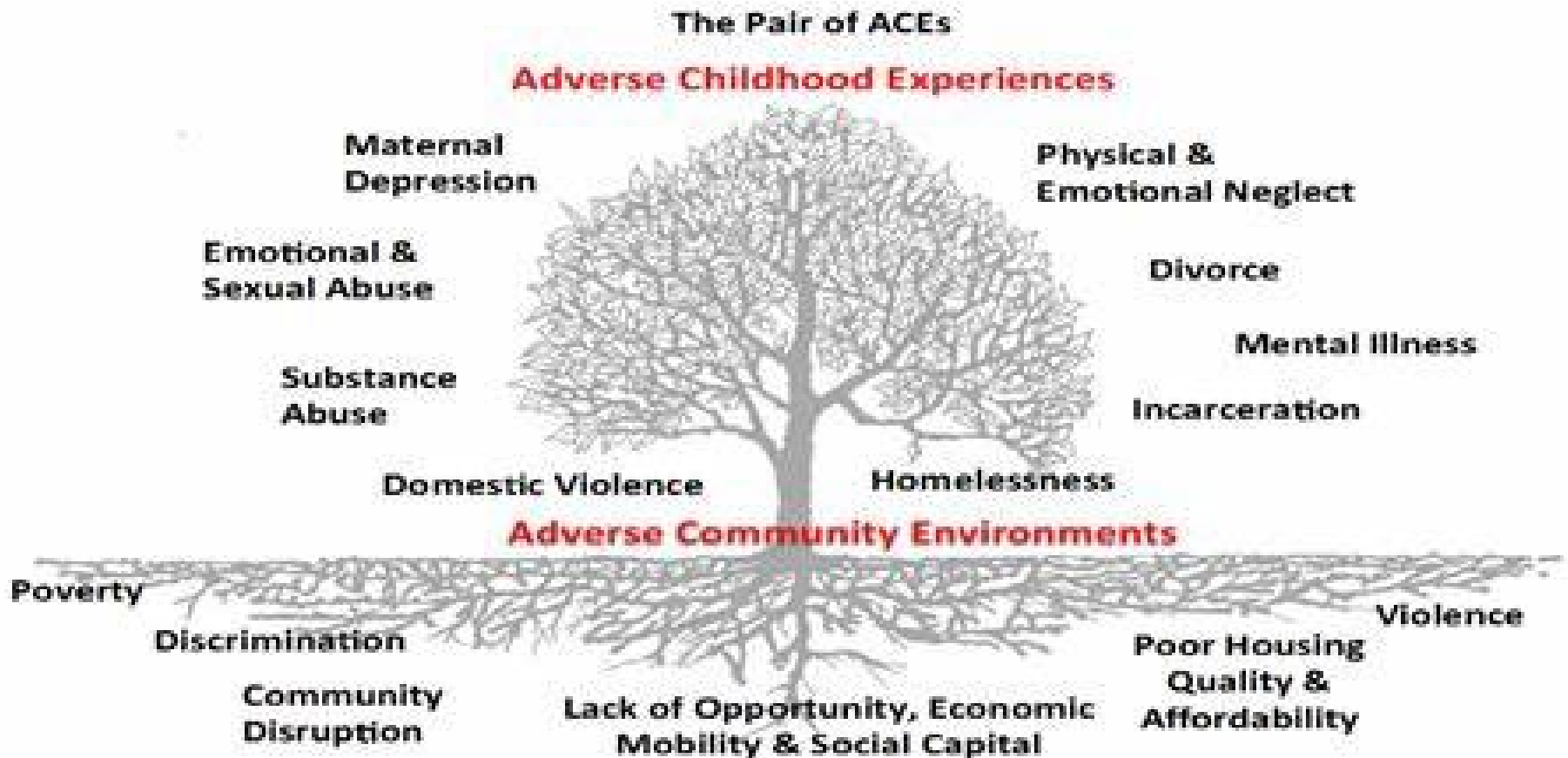
Indian Boarding schools

Cultural Genocide

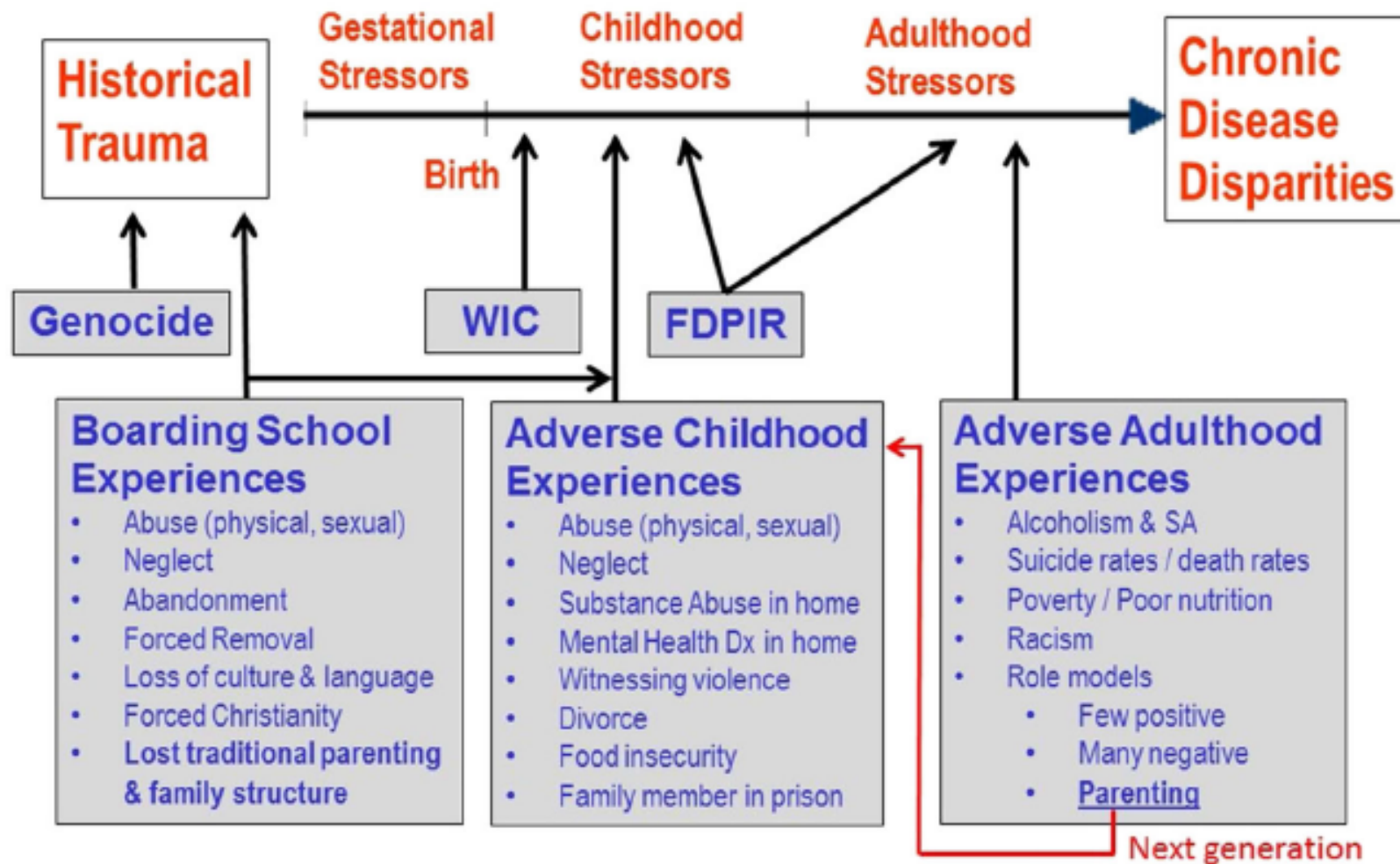
**Undermining of
Self Reliance**



MULTIGENERATIONAL TRAUMA → INTERGENERATIONAL TRAUMA



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



HEALTH DISPARITIES IN AI/AN POPULATIONS

- **Life expectancy 5.5 years less than US all races population (1)**
 - 73.0 years to 78.5 years, respectively
- **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 (19)**
- **23% live below poverty level compared to US rate 12.3% (3)**
 - highest poverty rate of any race/ethnic group

MENTAL AND BEHAVIORAL HEALTH - AMERICAN INDIANS/ALASKA NATIVES

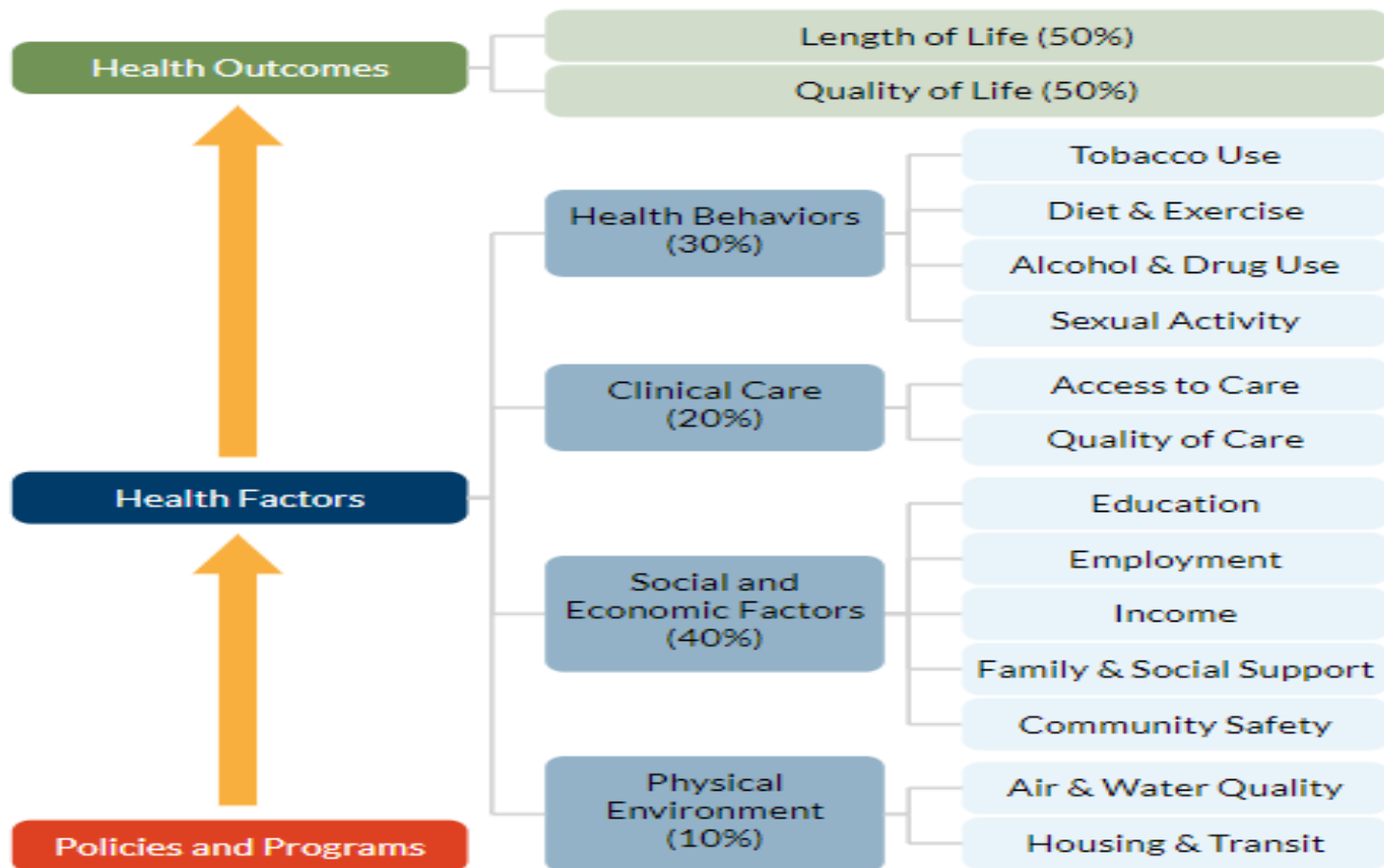
- In 2018, AIAN adults reporting serious psychological distress was 4.5% compared to 3.8% of non-Hispanic whites (19).
- AIANs are 60% more likely to report feeling that everything is an effort, all or most of the time, compared to non-Hispanic whites (19).
- National suicide rates decreased from 2018 to 2019, but not among AIAN (5).
- In 2019, AIANs had the highest suicide rate of any ethnic group: 22.5/100,000 (compared with 17.7/100,000 non-Hispanic whites and 13.9/100,000 overall) (5).
- In 2019, suicide was the 2nd leading cause of death for AIANs ages 10 – 34 (19).
- In 2019, adolescent AIAN females, ages 15-19, had a suicide death rate 5X higher than non-Hispanic white females in the same age group (19).
- In 2018, AIAN males, ages 15-24, had a suicide death rate that was twice that of non-Hispanic white males in the same age group (19).

SUBSTANCE USE DISORDER IN AMERICAN INDIAN/ALASKA NATIVE POPULATIONS

- **Higher rates of SUD than any other ethnic group (20,21)**
 - Highest rates of alcohol, marijuana, hallucinogen, cocaine, and inhalant use disorders compared to other ethnic groups in the US (20)
 - ~1 in 5 young adult AI/ANs (ages 18-25) have a SUD, including 11% with illicit drugs and 10% with alcohol (21)

AI/ANs have the highest rates of alcohol abstinence (11,12,13)

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



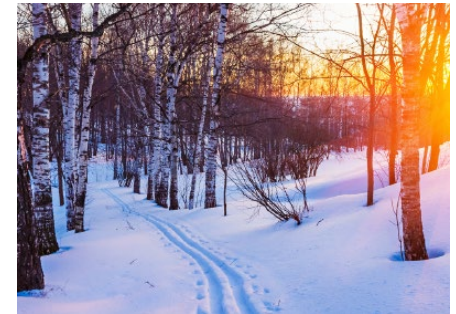
SOCIAL DETERMINANTS OF HEALTH



Food and Nutrition Security



Social Connectedness



Built Environment



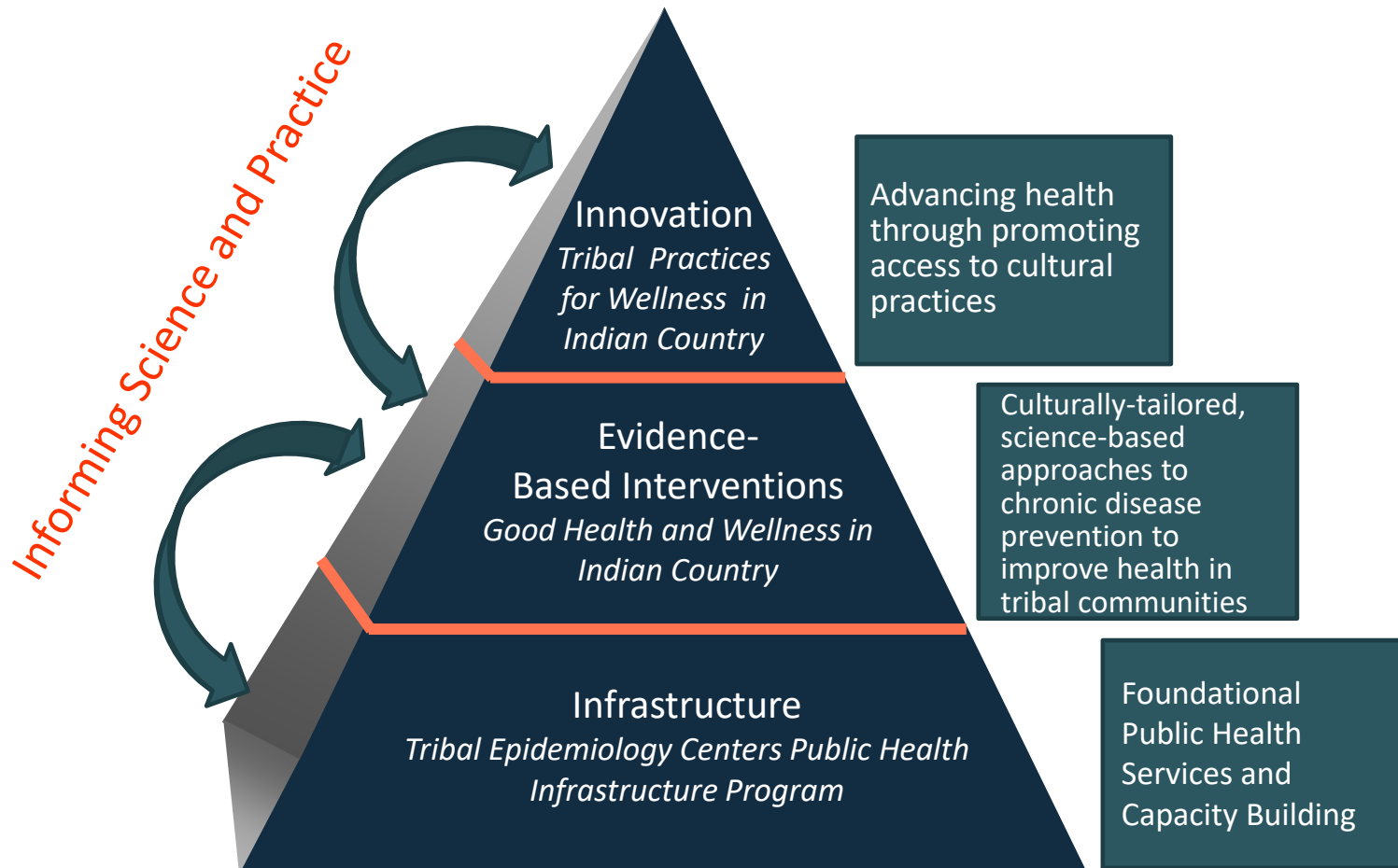
Commercial Tobacco-Free Policy



Community-Clinical Linkages

Source: Healthy People 2030

HEALTHY TRIBES APPROACH



Strength-Based, Community-Led, Culturally-Responsive

TRIBAL EPIDEMIOLOGY CENTER PUBLIC HEALTH INFRASTRUCTURE (TECPHI)

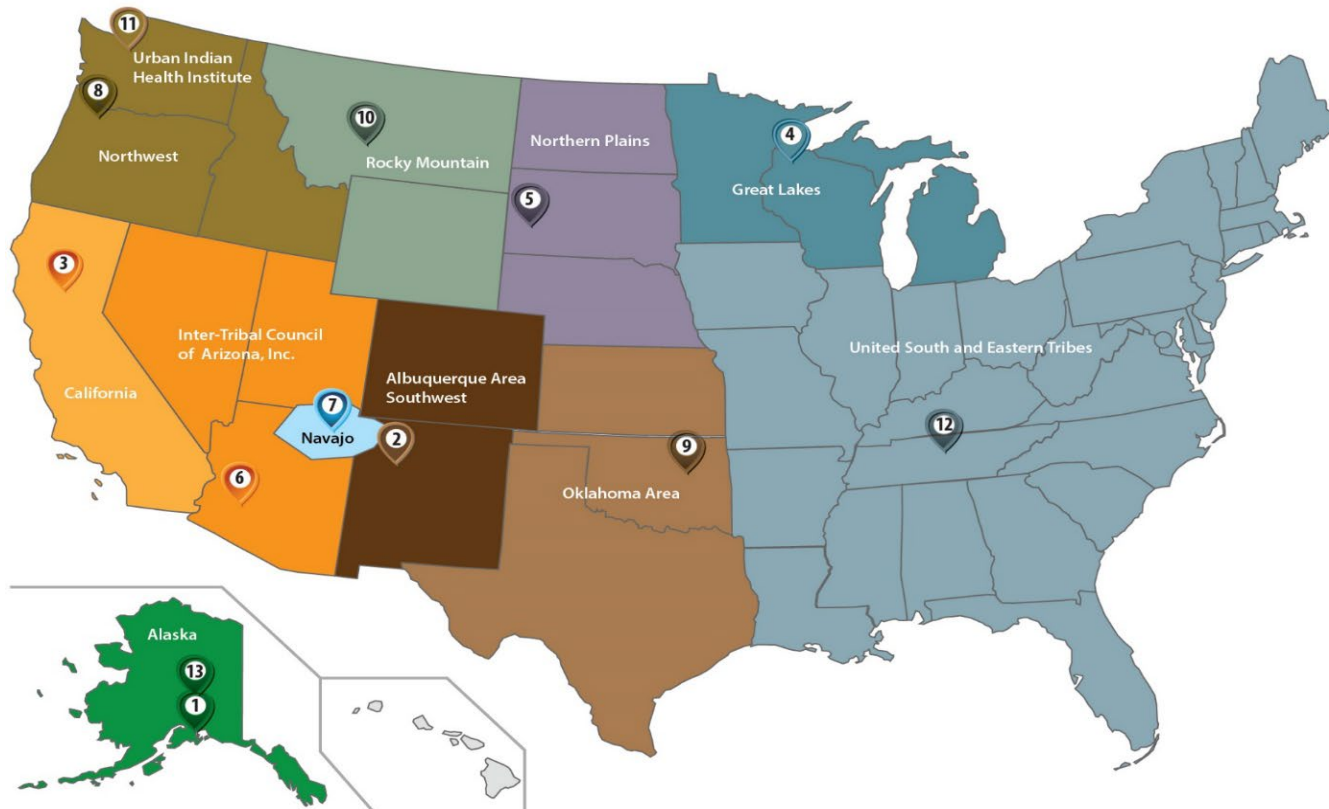
Infrastructure for Tribal Epidemiology Centers



Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) strengthens tribal epidemiology center public health capacity.

- TECPHI funds the 12 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

Tribal Epidemiology Center Public Health Infrastructure



Building Public Health Infrastructure in Tribal Communities

Tribal Epidemiology Centers and Service Areas (12 Awards)

National Coordinating Center (1 Award)

1. Alaska Native Tribal Health Consortium Epidemiology Center
2. Albuquerque Area Southwest Tribal Epidemiology Center
3. California Tribal Epidemiology Center
4. Great Lakes Intertribal Epidemiology Center
5. Great Plains Tribal Epidemiology Center
6. Inter-Tribal Council of Arizona Tribal Epidemiology Center
7. Navajo Epidemiology Center
8. Northwest Portland Area Indian Health Board Tribal Epidemiology Center
9. Oklahoma Area Tribal Epidemiology Center
10. Rocky Mountain Tribal Epidemiology Center
11. Urban Indian Health Institute
12. United South and Eastern Tribes Tribal Epidemiology Center
13. National Coordinating Center: Alaska Native Tribal Health Consortium Epidemiology Center

Tribal Epidemiology Center Public Health Infrastructure



**HEALTHY COMMUNITIES
HEALTHY WAYS**
BREASTFEEDING IS FOOD SOVEREIGNTY!

BENEFITS OF BREASTFEEDING

Future	Baby
<ul style="list-style-type: none">Provides food sovereignty & traditional foodsLess child & type 2 diabetes for the next generationStronger & more leaders for the future	<ul style="list-style-type: none">Provides essential nutrients and a balanced dietBetter to digest than formulaHelps protect from infection & illnessMay lower risk for obesity & type 2 diabetes
Community	Mom
<ul style="list-style-type: none">Honors our values, heritage & traditionsReduces time lost from work/school due to sicknessPrevent health care dollars spent on illnessKeeps environment clean	<ul style="list-style-type: none">Helps you bond with your babyConvenientBurns calories & may help you lose some of your pregnancy weightLess risk of breast & ovarian cancersCan save your family thousands of dollars

GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY (GHWIC)

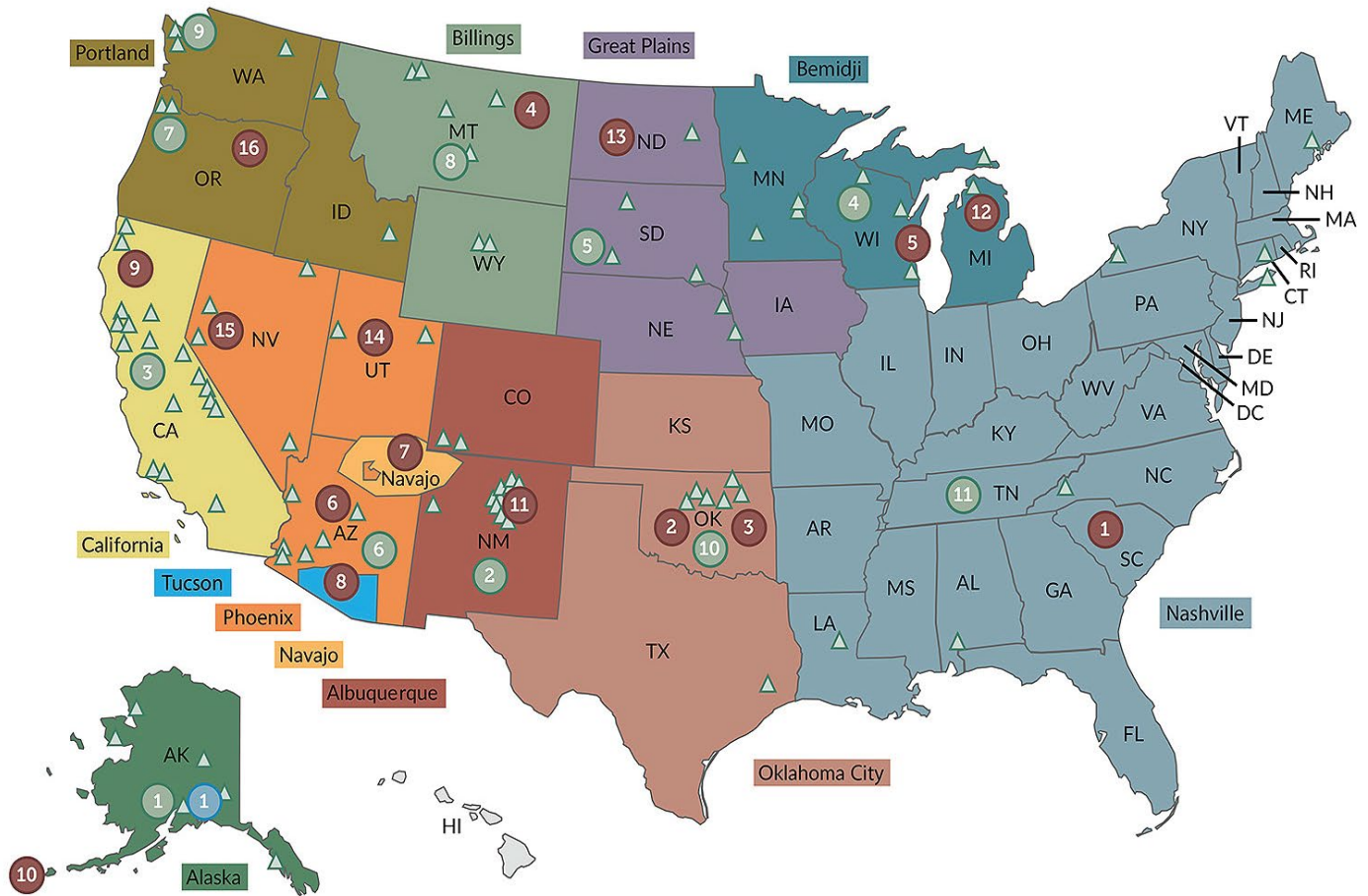
Improving Overall Tribal Health and Wellness




Good Health and Wellness in Indian Country (GHWIC) supports healthy behaviors and strategies in Native communities to attain long-term health goals.

- **Approach:** Policy, Systems, and Environmental Changes
- **Focus:** Health System and Community-Clinical linkages
- **Strategies:**
 - Obesity Prevention
 - Improve tribal food and beverage programs/systems
 - Increase continuity of care/community support for breastfeeding
 - Prevention and Control of Commercial Tobacco Use
 - Diabetes Prevention
 - Heart Disease and Stroke Prevention

2019-2024 GHWIC RECIPIENTS & SUB- AWARDEES



 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



Good Health and Wellness in Indian Country (GHWIC)



TRIBAL PRACTICES FOR WELLNESS IN INDIAN COUNTRY (TPWIC)

Culture and Traditional Lifeways Improve Health and Wellness



Tribal Practices for Wellness in Indian Country (TPWIC) supports tribal teachings and traditions

- **Family and community activities** that connect cultural teachings to health and wellness
- **Seasonal cultural and traditional practices** that support health and wellness
- **Social and cultural activities** that promote community wellness
- **Intergenerational learning** opportunities that support wellbeing and resilience
- **Cultural** teachings and practices about **traditional healthy foods** to promote health, sustenance and sustainability
- **Traditional and contemporary physical activities** that strengthen wellbeing

TRIBAL PRACTICES FOR WELLNESS IN INDIAN COUNTRY (TPWIC)

Fiddleheads

Máhsosəyal
Penobscot

Mahsusiyl
Maliseet/Passamaquoddy


Ma'susi
Micmac




 Wabanaki Public Health & Wellness

Cleaning

1. Remove the brown-papery husk. There are many ways to clean the husk from the fiddlehead:
 - Spread out in single layer on towels in shade to let the wind do the work.
 - Or use a container with drainage, a net, or veggie basket and carefully rinse in cool running water. Be careful not to bruise or unravel the fiddleheads.
2. Check to make sure fiddleheads are vibrant green, firm, & do not have any black spots.
3. Rinse several times in cold water, lay on a clean towel or paper towel, & pat dry.



 Wabanaki Public Health & Wellness

TRIBAL PRACTICES FOR WELLNESS IN INDIAN COUNTRY (TPWIC)



Focus Group Findings: Cultural Connectedness

- Cultural connectedness linked with
 - *Positive mental health*
 - *Promotion of healthy living*
 - *Overall sense of identity and belonging*
- Cultural connectedness promotes individual *confidence*, a *sense of purpose*, and *healing* from traumas, resilience and positively impacts peoples' behavior
- Affirms that Culture is Health



EVOLVING TIMES: ADVANCING HEALTH EQUITY



Recognition and representation of individual & social differences

All ideas and perspectives matter and are heard; ensuring a sense of belonging

Continual recognition and redistribution of power; fairness

STRENGTH-BASED

Any policies, practice methods, and strategies that identify and draw upon the strengths and capacities of individuals and communities.

ALLOW THEM
TO DISCOVER
SOLUTIONS



LOOK FOR SIGNS
OF HEALTH AND
RESILIENCY



ENVISION A
POSITIVE
FUTURE

IDENTIFY AND
BUILD ON
STRENGTHS



ASK QUESTIONS
TO SEE WHAT'S
POSSIBLE

CONSIDER IMPACT
OF BELIEFS ON



"Individuals gain more when they build on their talents, than when they make comparable efforts to improve their areas of weakness."

-Clifton & Harter, 2003

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?

CULTURALLY-RESPONSIVE

TRAUMA-INFORMED CARE

An approach to engaging people with histories of trauma (historical, multigenerational, intergenerational), that takes into account the presence of symptoms and acknowledges the role that trauma has played and can continue to play in their lives.

CULTURALLY-RESPONSIVE

Becoming **culturally competent** and practicing **cultural humility** are ongoing processes that change in response to new situations, experiences and relationships. Cultural competence is a necessary foundation for cultural humility.

CULTURAL HUMILITY

GAINING CULTURAL KNOWLEDGE

What are other cultures like, and what strengths do they have?

DEVELOPING CULTURAL SELF-AWARENESS

What is my culture, and how does it influence the ways I view and interact with others?

HOLDING SYSTEMS ACCOUNTABLE

How can I work on an institutional level to ensure that the systems I'm part of move toward greater inclusion and equity?

UNDERSTANDING AND REDRESSING POWER IMBALANCES

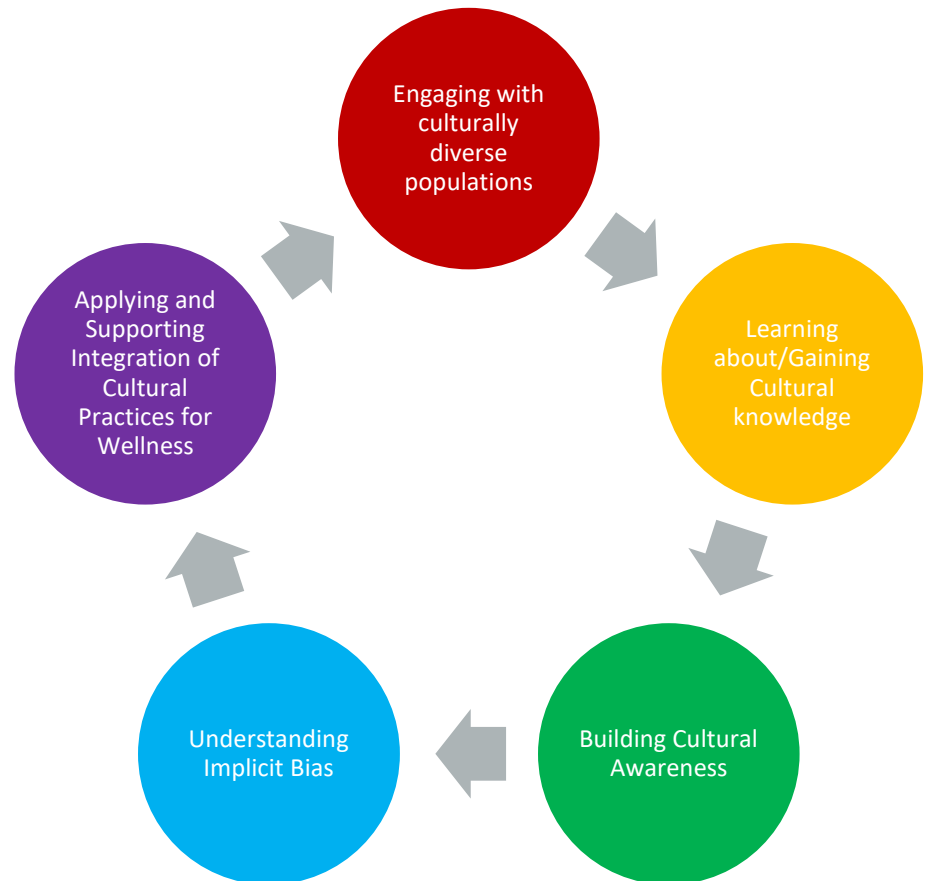
How can I use my understanding of my own and others' cultures to identify and work to disrupt inequitable systems?

CULTURAL COMPETENCE



CULTURALLY RESPONSIVE

- Listen Deeply, Actively
- Informal, relaxed setting
- Practice curiosity, not judgement
- Verbal & non-verbal cues
- Be deliberately Inclusive
- Embrace/celebrate/seek differences and strengths
- Respect Culture/Beliefs
- Support Community Lead opportunities
- Be innovative and flexible










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)

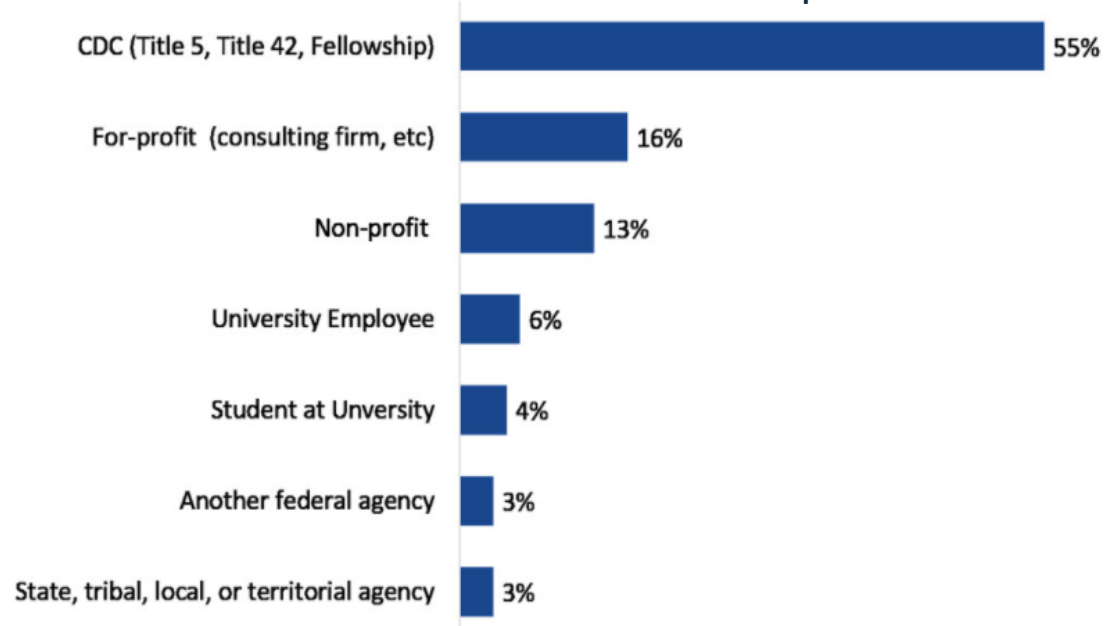
- Training program for early-career public health professionals who have a recent college degree
- 2 Year program:
 - Associates receive training in core public health concepts and topics
 - Gain hands-on experience in areas such as:
 - Program planning, management, and improvement
 - Public health policy and law
 - Communication
- PHAPs are assigned to public health agencies and nongovernmental organizations in the United States and US territories

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



ORISE FULL-TIME FELLOWSHIPS

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

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

[USAJOBS - Search](#)



Questions?



AHÉHEE' – THANK YOU

Julianna Reece, MD, MPH, MBA

Division of Population Health

Healthy Tribes Director

Email: SKX2@cdc.gov

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, DPH

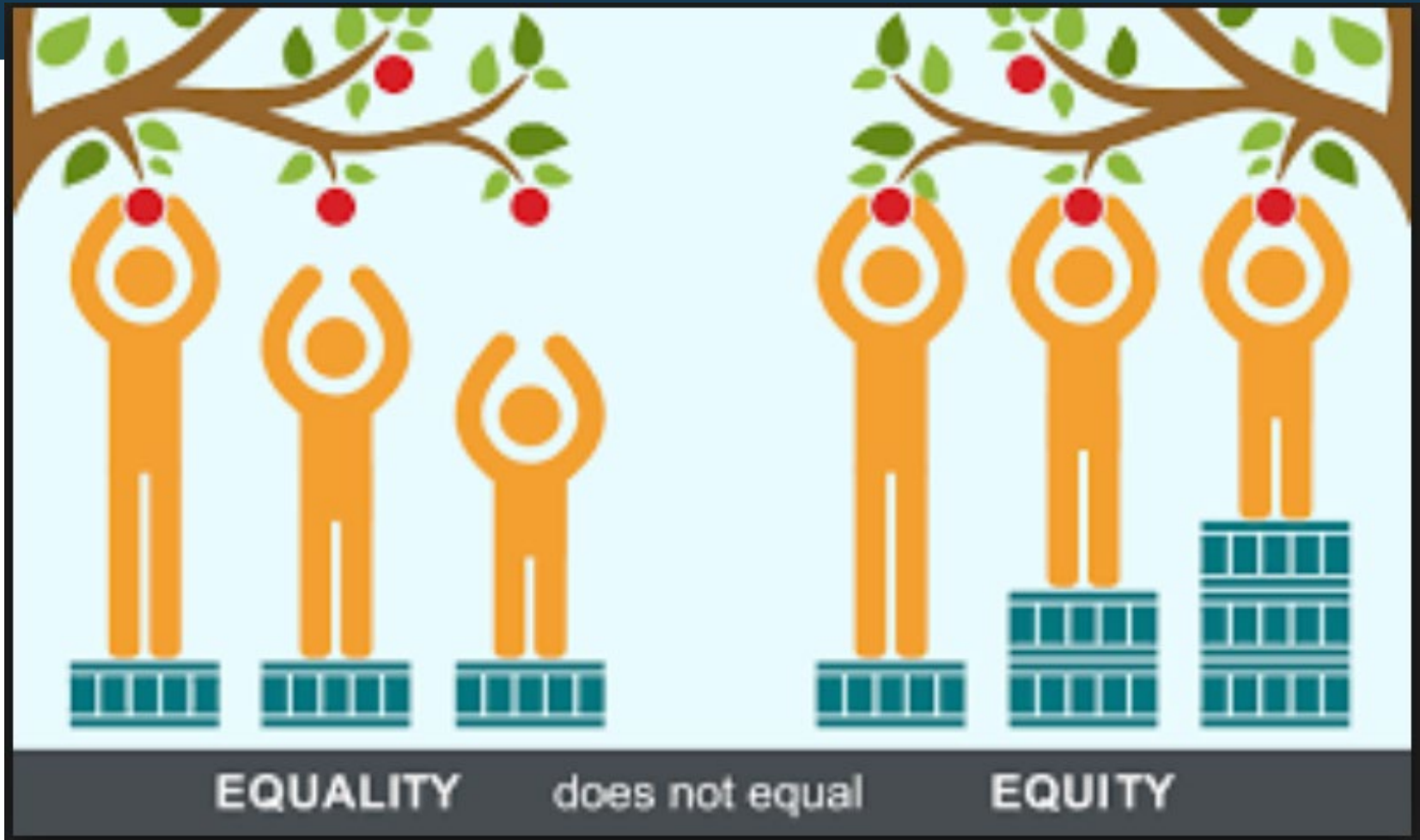


The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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